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AUTHOR Ganikos, Mary L.; And Others
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ABSTRACT

This handbook, written for counselor educators, first presents a brief overview of the Special Training Project on Counseling the Aging, funded by the Administration on Aging to produce training materials on counseling the elderly for use in preservice or inservice programs. The remainder of the handbook serves as a guide for conducting and organizing workshops that will help participants identify feelings about their own aging, clarify their attitudes about aging in general, call public and professional attention to the potential counseling needs of older people, and help dispel the common myths and stereotypes about older people. A sample outline for a 1-day workshop is provided, along with experiential activities, a resource guide, and a procedural checklist for organizing and conducting a workshop. The handbook also includes guidelines for the workshop leader, intended to provide a framework for the kinds of information the leader should have before attempting to conduct such a workshop. The annotated resource guide deals with organizations and agencies, bibliographies, directories, training manuals, books and articles, periodicals, pamphlets, film catalogs, summer institutes on aging, and guides for funding. (BL)

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A HANDBOOK FOR CONDUCTING WORKSHOPS ON THE COUNSELING NEEDS OF THE ELDERLY

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THE USE OF THIS HANDBOOK

Counselors who work with or are preparing to work with the older population must develop an awareness and sensitivity to the counseling needs that arise in older adulthood. The experiential workshop has frequently been a useful vehicle for effecting such awareness or consciousness raising.

The purpose of this handbook, therefore, is to assist counselor educators in designing a workshop that will help participants identify feelings about their own aging, clarify their attitudes about aging in general, call public and professional attention to the potential counseling needs of older people, and help dispel the common myths and stereotypes about older people.

The handbook is intended as a guide for conducting and organizing such workshops. It presents practical rather than academic material. As a practical guide, it provides a sample outline for a one-day workshop and experiential activities and includes a resource guide and a procedural checklist to organize and conduct a workshop. These materials are provided for the purpose of stimulating more interest in counseling older people. It is hoped that the handbook will serve to further the creative efforts of counselors in developing new applications of their professional skills.

The handbook also includes guidelines for the workshop leader. This section is intended to provide a framework for the leader concerning the kinds of information s/he should be knowledgeable about before attempting to conduct such a workshop. Clearly, a workshop leader needs substantial knowledge about gerontology to conduct effective workshops. This handbook is not intended to provide the reader with such knowledge; the brief overview contained in the workshop leader's guidelines does not serve this purpose.

In short, it should be emphasized that this handbook addresses the practical; its focus is process. It is necessary that the individual assuming the leadership have both a cognitive base and practical experience in counseling the elderly. In attempting to provide a guide for a workshop even the most basic points have been included. For those experienced in conducting workshops some of the material may be familiar. This information should prove very useful, however, for the neophyte workshop leader.

SPECIAL TRAINING PROJECT ON COUNSELING THE AGING
American Personnel and Guidance Association
Mary L. Ganikos, Director
Kathleen A. Grady, Research Associate
Jane B. Olson, Administrative Secretary

This work was developed under a grant from the Department of Health, Education and Welfare, Administration on Aging (#90-A-1178 (01)). The content does not necessarily reflect the position or policy of the agency, however, and no official endorsement should be inferred.

A HANDBOOK FOR CONDUCTING WORKSHOPS ON THE COUNSELING NEEDS OF THE ELDERLY

Some Tools for Consciousness Raising:
Information, Activities, and Resources for
• Educators • Students • The Community

Prepared by the Staff and Consultants of the
Special Training Project on Counseling the Aging
American Personnel and Guidance Association

Staff

Mary L. Ganikos
Kathleen A. Grady
Jane B. Olson

Consultants

Richard Blake
Paul Fitzgerald
Patricia C. Lawrence

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This poem was found among the few simple belongings of an elderly lady, after she died in a geriatric ward of a hospital.

WHAT DO YOU SEE?
WHAT DO YOU SEE?

What do you see nurses, what do
You see?
Are you thinking when you are
Looking at me—
A crabbit old woman, not very
Wise,
Uncertain of Habit, with far-away
eyes.
Who dribbles her food and makes
No reply
When you say in a loud voice—
"I do wish you'd try."
Who seems not to notice the
Things that you do,
And forever is losing a stocking
Or a shoe.
Who unresisting or not, lets you
Do as you will,
With bathing and feeding, the long
day to fill.
Is that what you are thinking—
Is that what you see?
Then open your eyes, nurse, you're
Not looking at me.
I'll tell you who I am as I sit
Here so still;
As I use at your bidding, as I eat
At your will,
I'm a small child of ten with a
Father and mother,
Brothers and sisters, who love one
Another.
A young girl of sixteen with wings
On her feet,
Dreaming that soon now a lover
She'll meet;
A bride soon at twenty — my heart
Gives a leap,
Remembering the vows that I
Promised to keep;
At twenty-five now I have young
Of my own,
Who need me to build a secure,
Happy home;
A woman of thirty, my young now
Grow fast,
Bound to each other with ties that
Should last;
At forty, my young sons have
Grown and are gone,
But my man's beside me to see
I don't mourn.
At fifty, once more babies play
Round my knee.
Again we know children, my loved
One and me.
Dark days are upon me, my
Husband is dead,
I look at the future, I shudder
With dread,
For my young are all rearing
Young of their own,
And I think of the years and the
Love that I've known.
I'm an old woman now and nature
Is cruel—
Tis her jest to make old age look
Like a fool.
The body it crumbles, grace and
Vigour depart
There is now a stone where I once
Had a heart;
But inside this old carcass a young
Girl still dwells.
And now and again my bettered
Heart swells.
I remember the joys, I remember
The Pain,
And I'm loving and living life
Over again.
I think of the years all too few—
Gone too fast,
And accept the stark fact that

Nothing can last,

So open your eyes, nurses, open
And see
Not a crabbit old woman, look
Closer — see Me!

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THE AGING PROJECT

Background

The Special Training Project on Counseling the Aging was a one-year program of national scope funded by the Administration on Aging to produce training materials on counseling the elderly for counselor educators to employ in initiating preservice training in counseling older adults or in upgrading the quality of such training.

As members of the counseling profession we have strived to provide services for increasingly diverse populations. The profession has made notable progress in expanding and diversifying its available services and thus reaching more people and is to be credited for the manner in which the services have continuously reflected society's emerging needs.

Until very recently, however, few preservice training programs in counselor education afforded students the classroom opportunity to learn about old age or gain practical experience in counseling the elderly. A 1975 national survey of counselor education training programs (Salisbury 1975) revealed that only 18 out of 304 programs offered even elective courses in aging. Blake (1975) was not unjust in referring to elderly as the "forgotten and ignored of APGA."

The 1975 survey (Salisbury 1975), however, revealed that an overwhelming number of the responding institutions indicated that there was a need to develop and offer training in counseling the elderly. This project was an attempt to begin to meet that need.

When developing new courses and training programs, most instructors use as models other courses of similar focus they have experienced or observed. Since so few courses on counseling the elderly are presently available, educators wishing to initiate such programs have little opportunity to interact with and obtain ideas from their peers.

The project staff's observations confirmed this situation. The shortage of programs was reflected by the myriad of requests from persons in various parts of the country who, in attempting to create new courses on counseling the older adult, wished to obtain course proposals, syllabi, and bibliographies.

In order to facilitate the introduction or improvement of preservice training for counseling older people on a national scale, the American Personnel and Guidance Association has developed model training materials that will serve as a starting point and provide direction for the development of new courses and training programs in counseling the aging. The activities of the Special Training Project on Counseling the Aged were carried out under a 12-month grant from the Administration on Aging to the American Personnel and Guidance Association from August 29, 1977 to August 28, 1978 (AOA grant #90-A-1178 (01)).

Goals

The goals of the project were to assist counselor educators and practicing counselors in upgrading the quality of counseling services for older persons by:

- Developing training materials for inclusion in a preservice curriculum
- Conducting prepublication orientation and evaluation sessions of the training materials on a national basis
- Distributing the training materials to the more than 460 institutions of higher education that have preservice training programs in counselor education.

The Project moved toward its goals by involving the following groups:

1. Project Headquarters Staff

   The Office of the Aging Project was established at APGA National Headquarters in Washington, D.C. The project office coordinated and monitored the field activities of the Aging Project including supervision in the development of the training materials and the coordination of the prepublication regional orientation and evaluation sessions.

2. Advisory Board

   The Project's headquarters staff was assisted by an advisory board consisting of six members of APGA who had considerable previous professional involvement in gerontology. (Advisory Board members are listed on page iii.) The Advisory Board met with the Project Staff during the first month of the project

to determine the structure and direction of the training materials and to identify potential contributors. Subsequently, the Advisory Board lent assistance to the project staff as necessary.

3. Project Consultants

A total of 23 consultants were selected to assist with the development of the project. (Consultants are identified on page iii.) In most instances, a consultant was responsible for the preparation of a written component of the Training Syllabus. Three consultants assisted by developing the project's slide-tape presentation. Three others assisted in the preparation of this handbook. The help of several consultants was procured for the implementation of the four regional orientation and evaluation sessions.

4. Training Materials

The major impetus of the project was to develop a training syllabus, which provides educators with information to begin curriculum advances in counseling older persons. The syllabus, consisting of 11 training modules, is designed so that it can be used as a single course or so that individual modules within the syllabus can be employed as starting points for several courses related to counseling older people. The modules cover such issues as: demographics of the older population; psychosocial aspects of aging; normal physiological changes of the aging process; the developmental transitions of retirement, relocation, death, and survivorship; unique concerns of the minority elderly; individual and group counseling with the aging; training of peer and paraprofessional counselors; environments for counseling older adults; practica and internships; and policy and legislative issues relevant to the older population.

Support materials developed to supplement the syllabus include a slide-tape presentation on the counseling needs of older adults and this handbook for assistance in conducting consciousness-raising workshops on the potential counseling needs of older people.

5. Orientation and Evaluation Sessions

After preparation of the rough drafts of the project materials and before the final printing and distribution, an orientation and evaluation session was conducted in each of the four regional districts of the American Personnel and Guidance Association. The purpose of the sessions was to obtain feedback from professional counselor educators as to the usefulness, comprehensiveness, accuracy, and clarity of the training materials before publication. The sites and dates of these four orientation and evaluation sessions were the following: Tampa, Florida, March 9-10; Washington, D.C., March 18; Long Beach, California, April 6-7; and Milwaukee, Wisconsin, April 20-21.

6. Distribution

One complimentary set of the final products developed by the project staff and consultants was distributed to each of the approximately 460 institutions of higher education with preservice training programs in counselor education.

Conclusion

This project was undertaken as an initial but major effort to advance the provision of quality counseling services for older people in our population. The underlying premise was that the quality of services can be greatly influenced by the content and quality of the preservice training experiences of service delivery personnel. Acting on this assumption, the Aging Project staff and consultants developed and disseminated the training materials so that the curriculum of more training institutions would reflect and perpetuate a concern for the needs and growth of the individual throughout his/her life.

It is the sincere hope of the project staff that these materials and efforts be rightfully appreciated for what they are—a beginning. It is imperative that each counselor, counselor educator, and student counselor work diligently toward the continued betterment of services for all people, including the old.

Mary L. Ganikos
Project Director

References

Blake, R., Counseling in Gerontology, P & G Journal, 1975, 53 (10), 733-737.

Salisbury, H., Counseling the elderly: A neglected area in counselor education. Counselor Education and Supervision, 1975, 14, 237-238.

THE WHY OF A WORKSHOP

Many people, including counselors, have relatively little information about the period of older adulthood or, even worse, have misconceptions or inaccurate information. Such misconceptions form the basis of stereotypes that preclude the development of an effective helping relationship.

One way to combat stereotypes is a consciousness-raising workshop on the counseling needs of the elderly that provides an opportunity for counselors, counselor educators, student counselors, and other service delivery personnel to gain an accurate understanding of the developmental aspects of old age. Participants are provided an opportunity to understand the various life transitions that may present challenges to an individual's adaptation and mental health in later life.

Further, a workshop experience provides individuals with a time to identify and examine their own feelings about the older population in general and their own aging process in particular. In addition, participants can gain an understanding of the detrimental effects of age stereotyping that can affect nearly every aspect of older people's lives. Stereotyping is exemplified by the myth of an old man sitting in a wheelchair:

> Since he can't get around as well as he used to, the typical old person is forced to spend the last years of his life in a home for the aged. As he approaches 65 his work suffers, he has more than his share of on-the-job accidents, and his number of sick days increases. He is eager to retire and enjoy deserved peace and quiet. Sexual desires are a thing of the past and he is now more likely than when he was younger to forget things, make foolish remarks, throw temper tantrums, and be depressed.

The statistical reality in the United States is:

- Older women outnumber men 4 to 3.
- Some people, of course, do look forward to retirement. Others, however, do not and more and more people want to have the option of continuing to work.
- Less than 5% of people over 65 live in an institutional setting.
- In most cases, there is no physiological basis for loss of interest in sex. Sexual vigor frequently continues well into the 70s and beyond.
- Older workers have less absenteeism than younger workers. They have fewer on-the-job accidents. They are more satisfied with their jobs and no less efficient.
- There is no reason to regard the years past 60 as a time for rest and curtailed activity. For the old as well as the young, exercise is basic to health and well-being.
- Old age is not usually confined to just a few years. At 65, the average life expectancy is 15 more years and at 75, 10 more years.
- Old people are not alike. Given the wide variation of life experiences, they are probably more likely to be different from each other than they are from younger people. People in their 60s may be as different from people in their 80s as teenagers are from those in their 30s.
- Vocabulary and conceptual skills often increase after age 60. Learning ability does not decline with old age but older people may take longer to learn than when they were younger. In the absence of brain disease, old people are not notably more forgetful than young people.
- The term "senility" as commonly used is often incorrect. There are degenerative diseases of the brain that afflict old people but senility is not an inevitable consequence of growing old. What may seem to be senility may actually be the by-product of anemia, malnutrition,

or infection. Such conditions are not the result of brain disease and may be reversible.

- Contrary to popular belief, old people do respond to psychotherapy and counseling.*

These are facts, but people of all ages still believe many common myths about aging. Even many older people who lead happy, active lives believe them (they think of themselves as exceptions). It is critical to develop counselors who will encourage serious long-range planning and will dispel stereotypical expectations that contribute to the isolation and segregation of older people from society.

Ingrained attitudes and stereotypes may not fall away at the drop of a statistic. Workshops can, however, offer an opportunity to check one's own attitudes toward and expectations of aging from a different perspective. Under the umbrella of the workshop, participants are offered the freedom to contemplate change and the support to move toward it. The following materials suggest one possible approach to creating an atmosphere where change can take place.

THE HOW OF A WORKSHOP

The time frame is offered as a planning guide only. The wide margins allow space for your notes.

Workshop Outline

8:30 A.M.	Registration
9:00	Welcome and rationale of the workshop
9:15	Overview of the day, structured introductions
10:30	Coffee
10:45	Reinforcing activity
11:30	Processing of activity
12:00 P.M.	Lunch
1:00	Media
1:30	Media discussion
1:45	Staff presentation
2:30	Break
2:45	Brainstorming for personal change/organizational change
3:15	Report to total group
3:30	Closing remarks
3:45	Evaluation

Technical Information

The expanded outline which follows elaborates on topics to be covered during the workshop time frame suggested above. The plan is designed to permit an individual to conduct a workshop without benefit of major speakers or a significant outlay of funds. It is a guide that can be adapted to the needs of your group.

Following the expanded outline you will find technical information designed to assist you to organize and lead an awareness workshop on the potential counseling needs of older people, including:

- a section on the role of the workshop leader
- a logistics guide for organizing a workshop
- suggested group activities
- guidelines for the type of a back-up information a workshop leader should know before conducting a workshop

*Much of the above was extracted from Facts and Myths About Aging (Washington, D.C.: National Council on the Aging, 1976).

- a resource bibliography including print and nonprint materials, organizations, and agencies.

Expanded Outline

Further discussion of each segment of the outline may be found in "Guidelines for Back-up Information," "Workshop Leader's Tools," and Organizing a Workshop."

Time Frame

Topic Sequence

8:30-9:00 A.M.
Workshop Registration

A central registration desk should be positioned near the entrance to the meeting room(s). It is suggested that one person staff the registration desk to greet participants as they arrive, to provide them with necessary information and forms, and to answer any questions. At the registration desk each participant should be given such items as: a name tag, a workshop program, and a workshop folder.

The individual working the registration desk should secure from each participant:

- any information missing from the preregistration form (if used)
- a complete registration form if the participant is not preregistered
- an address and phone number – these will be compiled, typed, and distributed to all persons attending the workshop.

After stopping at the registration desk, the participants can informally mingle while having morning refreshments. Make sure that everything is ready so that at 8:30 you are free to circulate and talk. This will help you get some perspective on the attitudes of your group before the workshop begins.

9:00-9:15
Welcome by the Workshop Leader

Introduce yourself and your staff. Welcome the group to the workshop, your agency, and town. Give a brief presentation of the rationale for the workshop.

The leader might discuss the importance of each person's developing an awareness of the potential needs of the older population and strategies and ideas for meeting these needs within their own agencies and communities.

Give a brief overview of the day's activities and indicate how these experiences are designed to satisfy the rationale of the workshop. This might include, but not be limited to, an explanation of the importance of combining didactic with experiental learning.

9:15-9:45
Structured Introductions

Explain that because much learning takes place through participant interaction and sharing, it is desired that the workshop be informal. Also, in keeping with the premise that it is important to know the group of people with whom you are working, time has been scheduled for introductions structured around the sharing of personal aging questions and workshop goals (see Activity 8). State that although the workshop agenda has been largely predetermined, it is desirable for the experience to be as personally relevant as possible. It is important, however, not to suggest a greater flexibility than you can deliver.

- Distribute structured introduction sheets.
- Provide instructions for completing the introduction sheets.
- Allow about 5 minutes for the completion of the forms.
- Ask participants to pair up with someone they don't already know, introduce themselves and share their responses to the introduction sheet.
- Tell the group before they pair off that they will be expected to briefly introduce their partner to the group and share what they have learned about one another.

  (It is suggested that the workshop leader and staff each pair up with a participant and become involved in this activity.)

After 10 minutes, resume the large group and begin introductions. The size of the group will determine how much time each person can use for an introduction.

Listen carefully to the introductions. You may identify issues to which you can respond in the following staff presentation. Summarize commonly expressed sentiments about aging and the goals of the group members.

After everyone has been introduced, collect the introduction sheets so they can later be reviewed by the staff and the expressed goals incorporated into the workshop program where possible.

9:45-10:30
Staff Presentation

You will now know something about the attitudes and goals of the group. Make your first informational presentation at this time, following the guidelines for back-up material in this handbook (see pages 19-29). Supplemental information should have been obtained from references, additional readings, and practical experience.

You may choose to give equal attention to topics in the back-up information or stress those topics that may be particularly relevant to your group.

10:30-10:45
Break

10:45-11:30
Reinforcing Activity

The inclusion of a reinforcing activity is designed to allow the participants an opportunity to internalize the didactic information that has been presented up to this point in the workshop. (See section on sample activities.)

It is suggested that you remain with the group(s) during the activity. You may wish to listen but not get involved in the group's activities, answering only logistical questions. Listening may help you pick up information (stereotypes, misinformation, etc.) that you would want to address in your presentation during the second phase of the workshop. When you respond in your second presentation, it is important to remember not to identify the person responsible for your comments.

11:30-12:00
Processing the Activity

It is important to have experiential activities followed by a processing or discussion period. Although simulated experiences are valuable learning tools because of the individual involvements, in order to optimize the experience it is necessary to allow time for participants to process — reflecting on and sharing their reactions and experiences. The leader can stimulate discussion by asking open-ended questions related to the activity.

12:00-1:00
Lunch

1:00-1:30
Media Presentation

By including a media presentation, you add another dimension — visual stimulation — to the workshop experience. A good audiovisual presentation provides additional support for the ideas you are presenting. If the media presentation is accompanied by a manual be sure you have read it thoroughly. Provide a brief introduction before showing the media presentation.

1:30-1:45
Media Discussion

It is important to allow time for discussion of the media presentation. This gives the participants an opportunity to express their reactions, ask questions, share feelings, etc. Accompanying media manuals usually have discussion guides, which can be selectively used by the group leader.

1:45-2:30
Staff Presentation

To this point the workshop has concentrated on sensitizing the participants to their own feelings about aging as well as to the needs an older person might experience. Here it might be appropriate to make a presentation describing the various social services available to meet those needs. Although some general information about social services is provided in the guidelines for back-up information, it would be advisable

for the workshop leader to supplement this with specifics from his/her own community. The leader might also want to apprise people of the funding sources available for such services (federal, state, local).

2:30-2:45
Break

2:45-3:15
Commitment to Personal Action

Although it is important that participants be aware of the potential needs of older people, it is equally important to stimulate in each participant a personal commitment to bring about change. Depending on the nature of the group, the workshop leader should emphasize personal change or environmental/institutional change. If the group members, for example are primarily interested in exploring their own feelings about aging, stressing personal change might be in order. If the group members are seeking professional growth, the leader may want to stress environmental/institutional change. Whatever type of change is addressed, it is of utmost importance to recognize the limited amount of information that can be imparted and absorbed in a workshop of short duration and the limited diversity and magnitude of change that one individual or a small collection of individuals can expect to effect in a brief period of time. In short, goals and strategies for change need to be realistic.

Divide the participants into small groups for this brainstorming session. Each small group should designate a recorder who will report that group's commitments for change to the larger group:

A. Environmental/Institutional

Ask participants to group together in order and discuss feasible goals for change in their setting.

B. Personal Commitment to Change

In small groups have participants reflect on the day's experiences, what they have learned about themselves, and how they personally want to change. (Activity 9 provides a suggested strategy.)

3:15-3:45
Reports to Total Group

Presentation to the large group will be made by each group's recorder. These presentations will outline the commitments for change that evolved in the group.

3:45-4:00
Closing Remarks

Affirm the group's commitment for change and encourage implementation and follow-through.

Acknowledge the value of increased self-awareness and the positive effects of personal growth.

Acknowledge the inherent difficulties of being a change agent and give support for continued commitment to facilitating change.

Reiterate the need for each person in being an agent of change to positively influence the attitudes and behaviors of others.

Reflect on and summarize the day's experiences. Express your appreciation for their attendance and participation.

Encourage thoughtful evaluation for the improvement of future workshops.

4:00-4:15
Evaluation

Distribute evaluation sheets.

Distribute an additional workshop program to each participant. Ask them to make written comments on the program regarding the value of each component. The advantages of incorporating a program agenda in the evaluation are that it stimulates recall and it will encourage more specific input about each workshop component.

WORKSHOP LEADER'S ROLES

The workshop leader's role may include making a formal presentation of information and concepts. The workshop leader's ongoing role will be to offer a variety of experiences to the participants and to facilitate any discussion that arises as a result of a presentation or an activity. (Excellent workshops can be conducted by a workshop leader without additional speakers or panelists, but a resource person for a specific topic can enhance the program.) The workshop leader should be prepared to assume the role of group facilitator – answering appropriate questions, encouraging the group to search for its own issues, and keeping the group moving forward.

Leadership Goals

- To maintain a supportive atmosphere so that participants can feel comfortable with looking freshly at their own attitudes and feelings toward aging and feel free to express fears, anxieties, and concerns.
- To instill in the participants a positive attitude about aging, to help them develop an awareness of the potential crises or transition points in older adulthood, and to foster a commitment for constructive change and a desire to transfer this frame of mind to others.

Leadership Strategies

The overall conduct of the workshop in terms of planning, development, and implementation is primarily the responsibility of the workshop leader. Other sections of the handbook provide suggestions for planning and development, but a few implementation strategies the workshop leader might employ to keep the group moving forward are presented here. They include:

- Being prepared with statistical and research information that brings new insights
- Asking thought-provoking questions
- Listening for places when the participants have finished a topic and then summarizing for the group
- Insuring that the participants adhere to the task at hand while allowing them to identify and address issues of particular concern to them
- Referring questions and issues back to the group instead of trying to answer them all yourself
- Supporting the right of those who differ from the majority to hold their divergent views
- Modeling willingness to consider views that are different
- Modeling openness to self-disclosure
- Modeling self-examination and willingness to change.

WORKSHOP LEADER'S TOOLS

A workshop should be more than speeches. It should offer a variety of ways to deliver and process the message of the workshop. The following sections provide suggestions on four different kinds of activities: group activities, media presentations, strategy sessions, and evaluations.

Throughout these activities, the workshop leader can continue to deliver information and ideas as well as help the participants process and absorb the material being presented.

Group Activities

Purpose

Being involved in experiential activities that highlight aging-related concerns can provide:

- a baseline of shared experiences from which the participants can discuss their feelings about the aging process
- an opportunity for the participants to integrate the didactic information presented in the workshop with their own personal frame of reference
- an opportunity for participants to develop an increased awareness of the dynamics of old age
- an opportunity for the leader to provide more information to the ongoing discussion when appropriate
- feedback and ideas for all participants

Which Activity to Use

Sample experiential activities are provided in this handbook. The activities are not intended to be used in any particular order nor should the workshop leader expect to use all or any of them. They are presented only as suggestions or examples of activities that might be used. It is hoped that each workshop leader will tap his/her own creativity and develop additional activities that are more consonant with the focus of his/her particular workshop.

Media for the Workshop

Media, both print and nonprint, enhance a workshop. Careful selection can highlight and reinforce your presentation with an outside perspective.

Print

A display of materials, pamphlets, and books related to aging will give the group an opportunity to discuss material they might want to order for themselves. The Clearing House of the Administration on Aging and other sources have free material that can be sent to you in single copies for duplication and display.

Take the time to study the material you select so that you can discuss it with the participants and make suggestions for its use. The resource section provides initial direction for the acquisition of materials. It is, of course, in no way an inclusive list. Workshop leaders are encouraged to identify additional sources and materials.

Information Handouts

A resource packet to take home is a strong addition to any workshop. The participants will then have some materials to begin work in their own setting. The resource guide cites many items that are free of charge or that can be duplicated. When ordering materials it may be helpful to select at least one item that relates to each topic on the program.

Audiovisual and Visual Aids

Many films and slide presentations are available that deal with older adulthood. These can be good discussion starters and can be good motivators. For the leader who is without resource people to help with the workshop, a good audiovisual aid can be particularly helpful.

Overhead transparencies can be used to add a visual dimension to your verbal presentation. The addition of visual aids helps to reinforce the information you want to impart. The resource section lists catalogues of films from which a selection could be made.

At the most, two such presentations are enough in a day-long workshop. You do not want your participants to be only passive viewers during the workshop.

In selecting an audiovisual presentation ask yourself the following questions:

- Have you identified the purpose for which you want to use the media, e.g., motivational? informational? sensitizing?

- Is the content of the presentation appropriate for the purposes of your workshop?
- Is the level of sophistication appropriate for the audience?
- Have you (and your staff) previewed the presentation?
- Are you familiar enough with the audiovisual presentation to be able to answer questions and lead a discussion based on the presentation?
- Does the length of the presentation fit the schedule for your workshop?

Strategies for Change

A strategy session conducted in small groups, can help people develop a commitment to change by providing:

- An opportunity for participants to develop more positive attitudes and perceptions about their own and others' aging
- Time to explore options for the future
- Time to benefit from the ideas others may have on how to proceed
- Confirmation that their own ideas are good and worth pursuing

Workshop Evaluation

The purpose of an evaluation can be twofold:

1. To tell you if the workshop accomplished what you hoped it would and to provide you with direction for modifying future workshops
2. To tell you what the participants see as possible next steps for themselves.

The participants' suggestions for future steps can serve as a guide for planning further activities.

It is suggested that evaluation forms be anonymous so that people will feel free to make honest comments. This is particularly advisable if the workshop is being held for people you know or with whom you work.

As mentioned earlier, a useful way of evaluating the workshop is to have participants write in comments directly on the program itself. This helps refresh their memories and is particularly helpful if the workshop is longer than one day.

ORGANIZING A WORKSHOP

This section is a checklist to be adapted and amended as you consider the purpose of your program, the participants likely to attend and the logistics of your situation. There are two aligned sections: planning steps, in chronological order, and an alert list of important details to which attention must be given if the workshop itself is to run smoothly.

ALERT LIST

PLANNING STEPS

A. Set up an overall time frame

Allow more rather than less time for planning in order to:

- reserve the site
- contact resource persons
- send for and receive resource materials
- preview and reserve audiovisual materials
- prepare and send out promotional material

Early scheduling will allow you some time to make new arrangements if plans should go awry, e.g., a speaker cancels, materials are not available when expected, and so forth.

B. Develop your workshop and train yourself.

1. See workshop outline on page 2.
2. Study the "Why of the Workshop," the sections on "Workshop Leader's Role," "Workshop Leader's Back-up Information," and read additional related resources.

Being able to respond effectively to the questions of the group with statistical facts and adequate information is critical. It is extremely important that you be knowledgeable about aging to be a competent leader.

ALERT LIST

PLANNING STEPS

C. Prepare resources for workshop.

Arrange for display tables and bulletin boards.

1. Print: Prepare a display of pamphlets, books, bulletins, and posters. If the display is large, grouping materials by topic may be helpful.

Print or xerox your program after your schedule is firmly set. Including information about the staff is often helpful.

2. Information handouts: Order materials early, since assembling packets takes time. The only cost involved, if you use free materials, might be for a folder or program. The program can be stapled to the materials and handed out as a packet. It is best to have a few extra packets to accommodate late arrivals.

Check for burnt-out light bulb in the projector; make sure that the audio is synchronized to the video; check that the slides are in sequence; check the location of the outlets and light switches so the room can be dimmed. Assign someone to operate the equipment if possible.

3. Audiovisuals: Borrow or rent (reserve in advance) films or filmstrips; prepare overhead transparencies, posters; secure projectors, screens.

Be specific in your requests; ask for an outline of remarks. Confirm plans and dates in writing.

4. Speakers or panelists: Some groups that can provide or suggest speakers for special topics (e.g., leisure, law, housing, careers, employment, health) are the local chapter of the American Association of Retired Persons/National Retired Teacher's Association or the Gray Panthers, a staff member of the nearest Area Agency on Aging, the director of a local multipurpose senior center, a staff member of a residential facility for the elderly, aging studies faculty at area colleges, etc.

Be sure to have everything you might need in advance so that your workshop runs smoothly.

5. Miscellaneous items you may need: Chalkboard, chalk, newsprint, felt-tip pens, name tags, registration desk, coffee, tea, cups, cream and sugar, trash baskets, directional signs for room location.

D. Arrange logistics.

Be aware of national, local, and religious holidays. Determine if other programs may be directed to your proposed audience on the same day. Check school holidays, breaks, and exam schedules. Be sure your reserved date is confirmed in writing.

1. Date: Selection of date depends on the target audience. Released time or staff development days, Saturdays, or evenings may be possible dates. If your participants live beyond commuting distance and require travel time, you may want to schedule your workshop on a Friday or Monday. This will reduce the number of workdays an individual will miss and will afford participants the opportunity to spend a weekend in the area if desired.

Avoid auditoriums and permanently fixed seating. A room where chairs can be moved into small groups and rearranged into large circles is best. Confirm the reservations in writing. Make certain that lunch (served or brown bag) can be eaten on the premises, if desired.

2. Site: Consider the following suggestions for sites: classrooms, library, student union, community locations in churches, etc. Secure proper permission to use a site.

ALERT LIST

Get permission before posting material. Make sure a contact person and telephone number are noted on all publicity materials.

Prepare registration forms that ask for all preliminary information you might need, e.g., name, agency or organization, position, work and home phone numbers. If people are from out of town, it is also helpful to send lodging information (addresses, phone numbers, and prices of nearby facilities) and maps showing the location of your workshop site.

If participants are expected to bring a brown bag lunch or if a catered lunch on site is planned, details and cost must be worked out so that information can be printed on the publicity material. If lunch is not to be held at the site, you might want to prepare a short list of nearby facilities (and addresses) to distribute to the group.

PLANNING STEPS

3. Publicity: Allow time to prepare clear and informative publicity material. It is not necessary to have art work or editorial help, but if such assistance is available, use it. Notify the press and TV if you want coverage. Send workshop announcements to appropriate individuals and groups.

4. Registration: Set a preregistration closing date. It is essential to know who and how many participants to expect. It is convenient to have a registration form on the workshop announcement. Notification of confirmation should be mailed to each person on receipt of the registration form.

5. Lunch/coffee breaks: Lunch and coffee breaks on site are preferred since they offer time for group interaction. If a catered lunch is not feasible, consider providing beverages only and having participants bring bag lunches.

E. Finances

To account for all funds spent, keep a small notebook and write down item, cost, and date when you spend it. It can be made into a proper expense chart later. Retain all receipts.

Special expenses may be incurred for audiovisual rentals, beverages, lunch, duplicating fees, printed programs and/or posters, newsprint, name tags, felt-tip pens, resource packet folders, postage, phone calls. You may need to charge a minimal registration fee to cover the cost of these items.

F. Evaluation

You may get better responses if participants are not asked to identify themselves on the evaluation forms.

Plan your evaluation carefully and allow enough time within the workshop for the evaluation to be completed.

Following the Workshop

Participants with one last question will want to speak to you at the end of the day. Be sure your schedule does not require you to leave before you respond. This time may provide the extra impetus for some participants to make significant decisions.

Afterthoughts for the Leader

After all the participants have left, reflect on the workshop and ask yourself pertinent questions that will help you improve future workshops:

- Was your preparation for the meeting adequate?
- Did your nonverbal as well as verbal behavior indicate your enthusiasm for the discussion and its importance?
- Did you tactfully handle those who were monopolizing the discussion?
- Did you balance discussion participation?

- Was adequate time allotted for each component of the workshop?
- Did you draw out the reticent person?
- Were you friendly, approachable?
- What three things can be done to improve the next meeting?

Postworkshop Activities

The following tasks should be completed as soon as possible after the workshop:

- Thank-you notes to resource people, suppliers of free materials, films, and services, and to all who were helpful.
- Compilation of evaluation forms and sharing of evaluation data with staff.
- Dissemination of complete participant lists.
- Next steps — your evaluation forms should help you determine what your follow-up might be and what modifications would improve the next workshop.

SAMPLE ACTIVITIES

Following are a few activities that could be used in a workshop designed to raise awareness of the counseling needs of older people. The leader, of course, may have developed or want to develop activities with which s/he feels more comfortable or that better meet the orientation of the particular workshop. These are only examples of activities that address several different aging issues.

Activity 1 — Meeting Ourselves When Old: A Guided Fantasy Trip*

Purpose: To provide participants with the opportunity to examine their own feelings about growing old.

Group size: any

Time required: 30 minutes

Materials: None

Physical setting: A room large enough to permit the formation of a large circle (possibly several rows of seats in a circle) around the group leader. Room should be quiet and could be darkened if necessary.

Process:

Have all participants be seated in a circle around the leader. Participants are asked to relax and close their eyes, accompanying the group leader on a guided fantasy.

This activity requires descriptions to be as vivid as possible (the appearance of trees, dirt roads, haystacks). Do not, however provide details as to the appearance of the farmhouse where each participant will meet his/her own "old self" (this might influence the participants' pictures of what lies ahead in old age).

The following narration is provided to stimulate thoughts about the fantasy. It is essential, however, that group leaders use their own words and skills to develop the experience.

> Relax...your eyelids are heavy. Close your eyes. Picture yourself walking along a country road, rutted and dusty. Tall trees are on each side. On your left is a meadow with haystacks. It looks inviting. You leave the road and wander through the meadow. You see daisies and buttercups and high grass. Your spirits soar and you lope along for some time. At the end of the meadow is a narrow dirt road. It is unfamiliar. You walk a long time. (Indicate this by tiredness in your voice as you go on and on and on). At last! You can see a farmhouse

*Developed by Alfred Wolff, Bridgeport, Connecticut.

some distance away. You are lost. You wish to ask directions. You decide to go into the farmhouse. You knock on the door – a long wait. An old person answers. You look at him/her closely, very closely. The person looks somewhat familiar. After a very long look you recognize yourself; this person is you when old.

Look at yourself carefully. What do you look like? Introduce your self today to your older self.

You are invited into the house. What room are you in? What does it look like? How do you feel? Begin a conversation. Ask yourself what it is like to be old? Ask what has happened to you since you were the age you are now. What advice does your older self have to give the present you on how to live your life from this time until you reach old age?

It is now time to leave.... Say good-bye. You are returning now to this room – to today.

Activity 2 – Our Life Story: Past, Present and Future*

Purpose: To provide participants with the opportunity to review their past and contemplate the future.

Group size: 16-50, paired

Time required: 60 minutes

Materials: 1 piece of paper and pencil for each participant

Physical setting: A room large enough to comfortably seat 50 and allow for quiet interaction in pairs.

Process:

Participants are asked to demonstrate their life graphically on paper, from birth to the present in terms of significant developments and changes in their lives. Events at peak periods, high and lows are to be provided. Each participant should then share his/her life story with his/her partner.

Participants are then asked to think about their future; after a few moments they are instructed to continue drawing their life graphs from the present time until death. The completed life stories should be shared and discussed among partners.

The group leader should then facilitate some interaction between all participants. The following questions are suggested.

1. "What were your reactions to this exercise?"
2. "Are there notable differences between the significant life events in your past and your projection of future significant life events?
3. "How do you feel about your aging?"
4. "Will the way you have lived influence or affect the way you will live?"
5. "Do you initiate changes in your life or do you wait for events to change your life?"
6. "Would this be a successful teaching device when working with groups of elderly persons?"

Activity 3 – Looking at Finances: A Preretirement Exercise

Purpose: To provide participants with the opportunity to examine current monthly expenses and income and to project how expenses and income will differ after retirement. The financial effects of retirement will be demonstrated.

Group size: Any

Time required: 40 minutes

Materials: Paper and pencil

*Developed by Alfred Wolff, Bridgeport, Connecticut.

Physical setting: A room large enough to permit small group interaction without the groups distracting one another.

Process:

Convene the entire group and have the participants construct a ledger showing their monthly expenses and income. Have the group consider everything – travel, clothes, entertainment, health care, etc. Explain to the group that no one else will see their papers, that this information is strictly confidential and for purposes of the exercise.

After the ledger has been completed, the group leader asks the group to imagine that they have been forced to retire and their incomes are suddenly cut in half. Ask them to determine what they will need to do in order to make ends meet. Instruct them to write down steps they may have to take (e.g., Will they need to move to less expensive housing? Do they need to withdraw savings?). Then announce that all savings have been depleted and their incomes have been cut by an additional 25% (75% less than what it was when employed). Ask the group to rework their budgets.

At the completion of the paper exercise the large group can be divided into smaller groups for discussion purposes or the large group may remain intact. The group(s) should now discuss the ramifications of the financial cuts.

Activity 4 – What's Important to Us?*

Purpose: To provide participants with the opportunity to examine the multiple roles they play in life, the self-perceived importance of those roles, and the meaning of the potential loss of some of the roles.

Group size: 5-7 persons

Time required: 40 minutes

Materials: 1 piece of paper for each participant folded in half horizontally; 3 items from the wallet/purse/pocket of each participant.

Physical setting: A room large enough to permit small group interaction without the groups' distracting one another.

Process:

The instructor asks participants to search their pockets, wallets, etc., for three items that have importance for them. They are asked to consider the roles, not needs, that these items represent to them (e.g., a dollar bill represents the role of consumer, a student ID card represents the role of graduate student). The participants share these items and their connection to life roles with other members of the group. The group leader then invites comments from the group regarding the exercise.

Participants are then asked to list five of their present life roles on the upper half of their paper. They are instructed to list 5 to 10 needs the roles satisfy on the lower half of the page. Participants are asked to fantasize that they are 75 years old (or if they are 75 or older, 5 years ahead) and instructed to cross out all roles they no longer will play. The group leader then calls for discussion about which roles were deleted and what effect the loss of these roles will have on the needs associated with them. Do the needs also disappear?

Activity 5 – Sensory Loss: Empathic Model of Aging**

Purpose: To provide participants the opportunity to experience the frustrations felt by older adults and to explore and discuss feelings and reach a more empathic understanding of the effects of aging.

*Developed by Alfred Wolff, Bridgeport, Connecticut.

**Developed by Juline Lamb, Fort Worth, Texas.

Group size: Small to large

Time required: 45-60 minutes

Materials: Children's sunglasses with lenses scratched to simulate vision impairment; children's anklets (size 4-5 1/2 stretch), children's bingo set, sewing needles (smallest eye), thread, buttons (smallest available), scrap pieces of cloth.

Physical setting: A room large enough to accommodate a large group.

Process:

Participants are told by the facilitator where to sit and are instructed to wear sunglasses and to put a child's anklet on each hand. Colors of anklets to be worn are assigned, not chosen. Chatter is permitted, but individual participants are told to "pay attention." During the remainder of the exercise the group leader will use chatter as a means of patronizing individuals and frequent touching gestures of the type used with children (e.g., pat on the head or shoulders signifying "good girl").

Participants are never told the length of time allowed for an exercise, but the group leader should convey the impression that participants are too slow or should create time pressure by using such phrases as "hurry up," "don't waste time," or "we have to move on to the next exercise." Gestures by the group leader such as tapping the foot, drumming fingers on a table, or brisk actions will contribute to building pressure. It is also helpful to actually take over one or two participants' "work" and complete the assignment for them.

When playing bingo, the group leader should give the cards to the participants. Depending on the chatter, each participant may be given only one card or one or two participants may be given more cards than the others. For this exercise the group leader may want to use an additional facilitator to call the numbers. The person calling the numbers should vary the rapidity of calling, the clarity of diction, and the softness/loudness of voice. While numbers are being called the facilitator should select one or two individuals and be obnoxiously helpful, while again creating time pressure.

Participants are told to sew a button on the piece of cloth. Thread, needle, button, and cloth are distributed. Participants are instructed to knot the thread. Glasses may not be removed while threading the needle. Depending on participants' reactions, additional instructions may include the direction for right-handed persons to use left hands, etc.

Activity 6 – Important Factors Associated with Aging

Objectives: To have participants become more aware of some of the important factors associated with aging and to examine their personal perceptions of the factors. Also, to heighten their awareness of communication patterns within a small group and to increase their own self-awareness regarding communication by a process of introspection and feedback from others.

Procedure:

Step 1 – Have participants follow directions on the Important Factors Associated with Aging sheet (pg. 16).

Step 2 – Have participants move into groups of four. They should re-rank the list using column B. When using column B, they should rank the items (including any new ones they wish to add) by a process of group consensus. That is, they should attempt to reach a genuine meeting of the minds – an honest agreement among themselves – before ranking an item. (This rules out voting or averaging procedures that avoid consensus.) Allow about 20-25 minutes.

Step 3 – Have them reassemble in a large group for general discussion of the activity. (They are almost certain to have found it impossible to rank the items.) Identify what made the task so difficult. Attempt to pick up patterns. For example, did they tend to have negative factors rated higher? Did they tend to assign negative or positive loadings on some factors such as separation from employment activities? (Did they see that as "bad" or "good"? Why? What does that tell them about themselves and their own attitudes?)

Activity 7: Action Analysis

Objectives: To assist participants in identifying their own behavior patterns and related values and in considering alternative behavior and values. In addition, it provides an opportunity for practicing expressive openness, and attending behavior.

Procedure:

Step 1 – Have each participant complete the action analysis, form A through E, for each of the following situation statements or others you may create yourself (pg. 17).

Situations:

1. If you were sitting next to a stranger on a bus when an older man stumbles and falls getting off the bus and the stranger says to you, "Old senile fools like that shouldn't even be let out on the streets..."
2. If you were asked by your boss if you thought it would be a good idea to discontinue the company policy of mandatory retirement at age 65...
3. If you were told by your boss that because of a business slowdown, the new company policy of not requiring retirememt, and the decision of Mr. Adams (age 65) not to retire, the company would have to let you go...

Step 2 – Have participants move into groups of three or four to discuss their responses focusing on one person at a time. That is, one participant goes through all responses to situation 1, then another participant explains his/her responses, and so on until all of the three or four participants have talked about situation 1. The same procedure is repeated for the other situations. While this is happening, the participants in the group who are listening should focus their attention on the one talking, only interrupting to ask questions or to clarify what they have heard. Their effort should be on helping the one talking explain his/her reactions fully. After the small group has dealt with each of the situations, the group may have a general discussion among themselves.

Step 3 – Have all participants re-form into the large group for a general discussion of the activity. Try to get them to share with the group what they learned or relearned about themselves or others, what surprised them or disappointed them, or what they might change if they could do it over.

IMPORTANT FACTORS ASSOCIATED WITH AGING

Directions: First, draw a line through any of the factors listed below that you do not believe is an important factor associated with aging. Second, add any significant factors you believe should be part of the list. Third, list the factors in Column A according to their importance, with number 1 being the most important. Only 10 factors get ranked. Fourth, wait for further instructions.

Factors	Column A	Column B
a. Changes in health	1.	1.
b. Decreased income	2.	2.
c. Separation from employment activities	3.	3.
d. Increased free time	4.	4.
e. Changes in general physical energy	5.	5.
f. Loss of friends	6.	6.
g. Loss of spouse	7.	7.
h. Having grandchildren and/or great-grandchildren	8.	8.
i. Special financial benefits	9.	9.
j. Decreased sexual activity	10.	10.
k. Increased experience and wisdom		
l. Decreased responsibility for children		
m. Decreased mental quickness		
n. Changed physical appearance		
o. Closer proximity to death		

Action Analysis	Situations 1.	2.	3.
A. What would you ordinarily expect yourself to do or say?			
B. What else could you do or say? Make a list.			
C. What would you feel most proud of doing or saying?			
D. What would probably have the most favorable long-range consequences?			
E. Other notes			

Adapted from: Action Analysis, by Merrill Harmin, Southern Illinois University, Edwardsville.

Activity 8 – Structured Introduction Sheets

1. What are your professional goals for attending this workshop?

2. What are your personal goals for attending this workshop?

3. When will you be old?

4. _____
( )
Year of Birth Death

Assume this is your life line. Indicate the year of your birth in the parenthesis on the left. Indicate with a check where you see yourself now between birth and death.

Activity 9 – "I Learned" Statements

Each of the following statements should be answered in just a few words:

I learned that people

I learned that I

I relearned that

I was surprised that we

I was surprised that I

I was pleased that

I was disappointed that I

I see that I need to

GUIDELINES TO BACK-UP INFORMATION

Anyone desiring to lead a workshop on the counseling needs of the elderly should have both a substantive understanding of the aging process and the process skills to communicate this knowledge. This section of the handbook is intended to provide general guidelines to the type of information an individual should have learned before attempting to conduct an aging awareness workshop.

This material alone will not equip the leader with sufficient information to conduct such a workshop. It is merely an overview that should provide direction for further study. As previously stated, this handbook was developed as an organization tool to be used by the workshop leader and not as a comprehensive manual on the counseling needs of the elderly. This information requires supplementation by professional study and practical experience.

DEMOGRAPHIC DATA

Size of the Older Population

The older population has experienced substantial growth during this century, as highlighted by the following trends and facts:

The number of persons 65 or over
- in 1900 was 3.1 million or 4.1% of the total population.
- in 1975 was 22.4 million or 10.5% of the total population.
- in 2030 is expected to be 52 million.

The elderly population has more than doubled during this century and continues to increase. After 2010 the population will experience an accelerated rate of growth because the post-World War II babies will reach old age. This group will expand the older population for a time, but eventually this bulge will be reduced as smaller subsequent age cohorts reach 65.

The relative size of the older population, of course, fluctuates with the birth rate. Although the number of older people has increased more rapidly than that of other segments of the population during each decade of this century, the rate of that increase could be accelerated further if fertility remains at its current low level. Because there will be fewer young people the older population will comprise a greater percentage of the total population. If the fertility rate increases, the opposite will occur.

The relative size of the older population is especially important when considering the allocation of resources among the various segments of the population. As the older population increases, its members will demand an increasing proportion of the goods and services of the nation. These services will accrue through government programs such as Social Security and Medicare and through private pensions.

In absolute numbers and relative size, the older population is becoming increasingly significant as a potential counseling clientele. Even the number of older people is not an adequate measure of this potential because work with the elderly may also include family members and others involved with the older person.

Life Expectancy and Age Composition

Life expectancy at birth has increased throughout history. During this century this increase was largely concentrated during the period from 1900 to 1940. The major reason for increased life expectancy is a reduced death rate among children and young adults due to the eradication of infectious diseases such as influenza, tuberculosis, and pneumonia. There has been no substantial elimination of the diseases associated with old age.

Understanding data on life expectancy can be very important to the counselor of older people. Life expectancy data reflect the average age a cohort can expect to reach. Once a person has reached old age it is more relevant to look at the life expectancy for an individual at his/her particular age. For example, a person born in 1918 had an average life expectancy at birth of 71 years. A person at age 71 today can expect to live to 79. In other words, the older you get, the older you can expect to get.

Understanding this is essential to the counselor who is helping the 65-year-old client plan for retirement. Using inappropriate data, the client would plan on his/her financial resources lasting for six years. Because his/her actual life expectancy is much greater than that, s/he could be forced to live the remaining years with severely reduced funds.

In addition to expanding, the elderly population of the United States is growing older, that is, the average age of persons in the 65+ category is increasing. Notice the following changes:

Year	Median Age of Older Population
1940	71.4
1970	72.8
2000	73.9

This means that the oldest part of the 65+ population has increased faster than the youngest part. Between 1940 and 1970,

- the 65 to 74 group decreased from 71% to 62%.
- the 75 to 84 group increased from 25% to 30%.
- the 85+ group doubled from 4% to 8%.

The remainder of the century should show a continuation of this trend. By the year 2000,

- the number of 65- to 74-year-olds is expected to decline to 56% of all older people.
- the number of 75- to 84-year-olds should increase to 35%.
- those 85+ will increase to 10.5%.

Sex Ratio, Marital Status, and Living Arrangements

The sex ratio is the number of males per 100 females in the population. Basically, the older the population group, the smaller the sex ratio. Consider the following statistics for the present sex ratio:

Age Group	Sex Ratio
65-69	79.3
75-79	65.4
85+	49.5

As the median age of the older population continues to rise, it is likely that the disproportionate number of older women will grow. By the age of 65, most women are widowed and consequently isolated from the friendship, social, psychological, and economic supports that may have come from marriage: In 1974, 79% of the older men in the U.S. were married compared to only 39% of the older women; similarly, 52% of the older women were widowed compared to 14% of the men.

Most older people live in the community; slightly over 50% live with a spouse, over 25% live alone, and 15% live with relatives. Most older people living in the community reside in families of only two persons. This is especially true of men who are likely to be living with their spouses. Contrary to popular belief, only about 5% of all older people live in some kind of institution.

ECONOMICS

Income and financial status vary substantially in the older population. A small number of older people are well-to-do, but the greater number find themselves with lower income and fewer assets than younger people. In 1975, the median income of an older family was $8,057, which was slightly more than half the income of younger families. Older people living alone had a median income of $3,311; younger people living alone had $6,460. In 1975, the poverty level for a two-person family was set at $3,232; 15.3% of the older population had incomes under this level compared to 12.3% of the total population.

Older people comprised 10% of the U.S. population in 1975 but were 13% of the poor. Many of these older people became poor after they reached age 65. Many of these poor were widows who found that their pension benefits ended when their husbands died or that their savings were simply not sufficient to withstand the ravages of inflation. The extent of poverty in the older population has been reduced somewhat since the implementation of the Supplementary Security Income (SSI) program and the expansion of Social Security benefits.

It should be realized that many older people have the financial resources to live self-sufficiently and that over generalizing about the poverty of the aged is inaccurate. Some older people are offended by those who suggest by their actions that if you are old you must be poor.

RETIREMENT

Most older people are not in the labor force. We have come to think of this as a normal state of affairs, but in reality it has only been in this century that retirement has become common:

- In 1900, over 66.6% of men 65+ were employed.
- In 1950, 46% were employed.
- Women over the age of 65 have not usually been in the workforce, but since 1900, the percentage of older working women has increased from 8% to 10%.

Although research indicates that most people make satisfactory adjustments to retirement, the number of pervasive changes required of an individual within a relatively short period of time can make the retirement period very emotionally demanding. An obvious consequence of the loss of the worker role for many people is a considerable reduction in income. It is not uncommon for people to experience a 50% cut in income on the first day of retirement, followed by a gradual decline (largely due to inflation) after that. Such a reduction in income may have profound effects, placing limitations on such aspects of an individual's life as health care (physical and mental), style of living, nutrition, and social activities.

Even having adequate income may not necessarily preclude other significant adjustments that might occur in retirement. Some of the important factors associated with retirement that may require major adjustments include increased leisure, lack of structured time, separation from former colleagues, and altered identity and self-concept. These conditions can be a challenge to anyone's capacity to adapt and represent focal points for counseling. People may need support in planning for and adapting to retirement.

Changes in labor and retirement laws and in the interpretation of the Constitution may affect the demographics of employment and retirement. It seems likely that these changes will allow more freedom of choice. Opportunities for choice are associated with the needs for information, decision making, and planning. The need for counseling will be greater as such legal changes occur and counselors must be prepared to supply the necessary information and facilitate the decision-making and planning processes.

LEISURE

Recently more attention has been focused on the concept of leisure and its meaning and function in the life of the retiree. The loss of the work role is accompanied by an increase of 40 or more hours a week of leisure time. How one spends that time can be an important factor in adjusting to retirement.

Since the value or meaning of leisure is an individual matter, the counselor will need to determine how each client perceives leisure time. Some people who have well-developed hobbies may be delighted to have the time to pursue them. For others, having no externally imposed structure may be devastating. Still others may have romanticized ideals of how they want to spend their leisure time. The realization of these ideals may be stifled by such factors as insufficient income, unexpected illness, relocation, or death of companions. Individuals' adaptation to increased leisure, therefore varies widely and is dependent on a number of variables, some of which may change over time.

In order to be meaningful and fulfilling, leisure pursuits need to be compatible with a person's interests and skills. Just having something to do is not of value to any person regardless of age. When engaging in leisure counseling with the older adult, it is crucial that the counselor does not limit leisure exploration to a narrow range of activities stereotypical of older people but considers all options, the scope of which is determined only by the unique characteristics of the individual (i.e., interests, health, income).

Although we are likely to see changes in the future, it can generally be said that for today's older people increased leisure due to retirement is largely a male phenomenon. The marital and family roles of today's elderly do not reflect the recently increased number of women in the work force. This is not to deny that women in a conventional marriage have had to restructure time because of increased leisure. It is likely that they have had to do so intermittently during their lives – when their children first go to school and again when their children leave home for marriage, college, work. Counselors of today's older people need to be alert and sensitive to changes in the family structure

and potential conflicts that may arise when the husband has retired and is at home for much greater periods of time.

HEALTH AND PHYSIOLOGICAL CHANGES

One cannot do an adequate job of counseling the elderly without taking into consideration the health and physiological changes that often occur with the aging process. The relationship of physical health to mental health is being more clearly understood and it is important to be aware of this interaction when working with older people. It is also important to realize that the elderly are not a homogeneous group and that there is enormous variability in their health. Although aging and health issues are many, a few facts that might be of special value for the workshop leader are noted below:

- Only 5% of those over 65 reside in institutions.
- Over 80% report that they do not need assistance with their mobility.
- Older people tend to have more chronic illness, more frequent and longer hospital stays, more visits to the doctor, and more days of disability.
- Our health care delivery system is geared toward treating acute episodic illness while the majority of the health problems of the elderly are chronic and demand ongoing care.
- Even with the advent of Medicare and Medicaid, out-of-pocket health costs for those 65 and over are three times the amount for those under 65.
- Many major medical needs are not covered by Medicare, including glasses, hearing aids, dentures, prescriptions, long-term care, and preventive care such as that provided by physical exams.
- Many elderly with treatable and ameliorative diseases are given only custodial or supportive care.
- Geriatric medicine is not a recognized medical specialty in the United States and neither doctors nor allied health professionals are trained to treat the unique problems of the elderly.
- As adults age their senses decline, although the actual degree of the loss varies considerably.
- As many as 15 to 18% of the elderly have poor vision.
- Approximately one in four people over the age of 65 has some difficulty with hearing.
- All older people experience a diminished acuity, to varying degrees, of the senses of taste and smell.
- Malnutrition is a prevalent problem among the elderly.

These and other health-related factors can have profound effects on the lives of older people. For example, consider the emotional effects of sensory loss, particularly that of vision or hearing. Hearing losses may mean that the older person needs more time to understand and respond to the spoken word; this makes communication a strenuous activity that can have devastating effects on the individual. The inability to hear adequately or with confidence what you have previously been able to hear is frustrating, anxiety-provoking, and often embarrassing. It discourages interactions with others, greatly restricts the activities in which one can participate, and consequently, may lead to depression and self-imposed isolation. Church, movies, theatre, music, club activities, and even casual conversation with friends or neighbors become difficult. Hearing loss can make the conduct of everyday business much more complicated and infinitely more taxing.

Behaviors resulting from poor hearing, such as asking to have things repeated, not responding appropriately to what has been said, or appearing to have forgotten what you were told (but actually never heard), are too frequently accepted as signs of "senility." The older person's awareness that s/he may be seen as absent-minded, ignorant, or senile is a powerful motivator for avoiding social contact.

Loss of vision can result in similar devastating effects. Vision impairment can curtail mobility, cause one to give up driving, and thus limit outside activities. It is hard to estimate what the loss of the ability to read a daily newspaper or watch television can mean, particularly to an older person living alone.

Other secondary losses may result as a consequence of physiological or sensory changes. The loss of stamina, strength, and stereotypical physical attractiveness can have detrimental effects on one's self-concept.

Another area of importance for the counselor to deal with is the relationship of health and physiological changes to sexuality, since strained sexual relations between an older couple may develop because of anxieties about physical decline in strength or appearance. Both men and women may become concerned about their sexual abilities when they perceive themselves to be aging. Men generally fear impotence whereas women fear that they become less sexually desirable as they age. It is critical that those counseling older adults have a basic knowledge of sexuality in the later years. Some of the most prevalent issues to be prepared for are:

- Refuting cultural attitudes that depict old age as a nonsexual period.
- Helping older people understand that sexual activity can be enjoyed throughout life as long as one is in reasonably good health.
- Understanding and teaching older people about the relationship between certain health problems and sexuality. Being knowledgeable about the different medical and psychological conditions that can cause impotence.
- Helping older people understand the normal changes in sexuality that occur with age.
- Helping widows deal with the lack of available sex partners.
- Being open to homosexuality or self-stimulation as possible outlets for sexual activity in old age.

These issues should provide the workshop leader with an idea of the intricate interaction between physical and mental health. Counselors need to be knowledgeable about these and other such issues so that they can provide adequate services for the older population. For example, educating older people about preventive health care and normal body changes during the aging process can assist them in adjusting.

Helping older people live with chronic pain can be a vital aspect of counseling. Helping them deal with real dependency caused by illness is another need that is frequently overlooked. Clearly, the counselor of older people must have a solid understanding of the physiological changes and health factors related to old age.

DEATH, DYING, AND BEREAVEMENT

A counselor planning to work with the elderly needs to be prepared to deal with the issues of death and dying. Arnold Toynbee, the British historian, said that death was un-American, contrary to our pursuit of happiness. This statement is, unfortunately, entirely accurate. America has been aptly characterized as a death-denying society. Death is seen as an interloper in human affairs. The counselor who works with the bereaved or dying has a difficult task – to help people come to terms with the ultimate heresy.

The first, and probably most important, step for the counselor is to understand his/her own attitudes and fears about death. You cannot adequately or sensitively help others unless you have resolved your own feelings. There are two major functions of the counselor of the bereaved and the dying: to help those who are mourning to adjust to the loss of a loved one and to help and support those who are dying or struggling with the concept of impending death.

The death of a cherished person, particularly one's spouse, is psychologically one of the most stressful situations one can encounter. During the period of intense grief, generally lasting six to eight weeks after the death, the client's primary need is support. It has been suggested that at no time since infancy and early childhood is the need for assistance or support greater.

Our death-denying culture does not provide adequate guidance for bereavement. If anything, it seems to put a premium on getting through the mourning period quickly and moving on to self-satisfying activities. Some experts in thanatology say that in most cases grief lasts about a year. During that six-to-eight-week period of intense grief, the client may experience sleep problems, appetite loss, and listlessness. Birthdays and holidays may also be particularly difficult times for the mourner. It is not an exaggeration to say that one's health can be damaged by denying or limiting the grief process.

Depression often results when mourning is not completed. Clearly, a most important role for the counselor is to open up the grieving process. It is also important to recognize that mourning reactions vary among different individuals. The quality of the relationship, the suddenness of the death, the culture and religion of the bereaved all affect one's response to death.

There are some people who suffer from what has been referred to as excessive grief. These people may experience somatic distress, preoccupation with the image of the deceased, guilt, and hostility. Appropriate therapy can prevent protracted and serious social maladjustment and prevent potential physical illness. It is vital that the counselor assist the client in extricating him/herself from dwelling on the deceased and in developing effective patterns of living.

There are some special tasks for the counselor who is working with widows and widowers. The most basic objective, providing support during the early period of intense grief, remains the same. A second step in which the counselor may be helpful is assisting with practical tasks. At a time when a person may be emotionally debilitated s/he is frequently required to make important decisions. Your help at this time with the funeral preparation, legal arrangements, economic considerations, and insurance policies may keep a distressed person from making imprudent decisions.

A third less immediate but still significant role for the counselor is aiding the widow or widower to reorganize his/her personal and social life as a single person. Loneliness is one of the major

problems of widowhood. Although both family and friends generally offer support in the week or two following the death, many avoid or abandon the widow or widower subsequently. This abandonment may be due to a variety of reasons, such as negative attitudes about death, the fact that we live in a "coupled" society, and other obligations of family and friends. The social network that had been available to the survivor as part of a couple may no longer yield a source of friendship. The role of the counselor in providing ongoing support throughout the period of reconstruction is invaluable.

Society provides few models for the recent widow or widower. One excellent response to this has been the widow-to-widow groups that have started all over the country. In these groups, women (and sometimes men) can work on the emotional and practical problems affiliated with survivorship. These groups may also be the beginning of a new social network.

Dying

A more recent role for counselors is working with the dying. Society, as a whole, does not encourage the exploration or discussion of one's feelings about death. The counselor can be an important force in freeing a person to discover and understand these feelings.

It has been said that death is unbearable unless you can see your life as having been worthwhile and meaningful. Therefore, another important goal in counseling the dying is to help a person see how well s/he met his/her own life's challenges.

The recent interest in death and dying has produced some new literature. One focus of the literature is working with the terminally ill patient. The majority opinion is that the dying people should be dealt with openly and honestly – that people have the right to know that they are dying so that they can have at least some control over their lives for whatever time remains. Any decision about telling the patient should, of course, be made with the family, the doctor, and the clergy. Some experts say that there are certain people who should not be told. The best clues will come from the patient. Listen to the patient for guidance. No one should be rushed into recognizing his/her own death. Doctors say that hope is a vital force in life.

Probably one of the most reknowned experts in the field of death and dying is Elizabeth Kubler-Ross. She has postulated five stages through which she believes dying people pass: denial, anger, bargaining, depression, and finally acceptance. It is essential to realize that not everyone does or should work through these stages to an acceptance of death. Some people might never reach acceptance, others may achieve it by alternating or bypassing some of the stages.

The most important lesson for the counselor of the dying patient to learn is that ultimately the patients must choose the correct path for themselves. In discussing the dying process, Butler (1968) has stated that "I do not intend to imply that a 'serene and dignified acceptance of death' is necessarily appropriate, noble or to be valued. Those who die screaming may be expressing a rage that is as fitting as dignity" (p. 494).[1]

The literature indicates that older people tend to fear death less than young people do. For some it is a relief from loneliness and pain; for others it is an accepted part of the entire life process. It is important for the counselor, particularly the young counselor, to keep this in mind.

Studies show that time moves more rapidly for the elderly. It is possible that because they know they have little time remaining, they place greater value and importance on its passage than do younger people. This, too, has special implications for the counseling process.

One final issue that needs to be considered is the hospice movement. The hospice concept is a theory of care for the terminally ill based on the sophisticated management of severe pain and other unpleasant symptoms so that dying people can make the greatest use of their remaining days. Hospice care can be provided in an in-patient setting or as a home-based program. Care consists of the services of health professionals knowledgeable about the control of symptoms and counseling for the patient and the family. Every effort is made to support the patient and family in their feelings about dying. The emphasis is away from technological care and toward treating emotional needs. Local hospices can be found through the National Hospice Organization in New Haven, CT.

MENTAL HEALTH

All of the knowledge and skills you have acquired in understanding and working with mental health and adjustment problems in the general population continue to be appropriate when working with older people. There are some special conditions that are more frequent in older people and the counselor needs to be aware of them.

[1]Butler, R.N. The life review process An interpretation of reminescence in the aged. In B. L. Neugarten (Ed.), Middle age and aging. Chicago: University of Chicago Press, 1968, pps. 486-496.

Evidence seems to indicate that the older population has a greater proportion of adjustment problems. This is not difficult to understand when you consider the large numbers of stressful situations that occur in old age. Experts have said that old age is the period of life with the "greatest number of profound crises" (Butler 1975).[2]

Some of the crises are expressed best in the concept of loss. Although not restricted to old age, losses are more commonly experienced in one's later years. Some of these losses are loss of work with its concomitant loss of income, status, and participation in society; decline in health, mobility, energy, strength; death of marital partner, older family members, and friends; loss of home and familiar surroundings.

Any of these problems are difficult individually; when they are encountered in multiples, as they frequently are, they put great stress on one's ability to adapt. A succession of these losses may leave the older person with unresolved grief, fatigue, and a sense of emptiness. Certainly, there is a wide variety in people's response to these and other problems. The coping skills that a person has developed over the course of a lifetime will be a vital influence on how s/he handles these new situations.

Some of the most frequent crises in old age were presented in the previous section and are briefly outlined below.

Retirement. Retirement may bring about a great deal of psychological stress. People who achieved most of their identity from their jobs and had limited outside interests seem to have the most difficult adjustment.

Health problems. Health problems are an important aspect in counseling older people. Helping people adjust to acute illness, come to terms with chronic pain and illness, and adjust to sensory losses such as those involving eyesight or hearing are legitimate and necessary counseling areas. All of these health problems have concomitant emotional problems that can be dealt with in the counseling relationship.

Marital problems. One of the primary marital problems experienced by the aging couple is the adjustment to each other required when the husband retires and the couple must redefine their relationship. Other unresolved marital problems may be magnified because of the increased amount of time spent together. Other age-related problems (e.g., declining health, insufficient income) may create more stress and strain the relationship.

Sexual problems. Although older people generally will not present sexual problems to the counselor, it is an area to be aware of. The relationship between illness, disability, and sexuality is very important.

Death and dying. These are two aspects of death that counselors need to be prepared to handle. Helping older people work through their feelings associated with the impending death of loved ones and helping them come to terms with their own death are important roles for counselors.

Widowhood. The loss of one's marital partner can have major psychological ramifications. Although friends and family are initially supportive of the recent widow, they tend to withdraw shortly thereafter. The counselor's ongoing assistance throughout the period of bereavement and readjustment is of unquestionable value.

Common Emotional Reactions

The range and types of emotions experienced by older people are the same as those for younger people. The quality of the experiences in older adulthood, however, may account for a greater prevalence of some emotional states:

Grief. Grief is a major factor in aging. All the losses that have been mentioned earlier can elicit grief. Bereavement, for example, is considered to be the most significant factor in predicting a decline in both physical and emotional functioning.

Guilt. Because old age is often a time of reflection, guilt feelings over things done or not done often come to the fore. In such instances, assisting people to resolve their guilt feelings is an essential aspect of counseling older people.

Depression. Again, the losses that are characteristic of growing old can lead to depressive reactions.

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[2]Butler, R. N. Why survive?: Being old in America. New York: Harper & Row, 1975.

Loneliness. As one becomes older or increasingly frail, there is often a reduction of outside activities. Death of family and friends diminishes one's sphere of significant others.

Anxiety. Older people may experience anxiety as more changes are introduced into their lives. Loss of health and finances are two common sources of anxiety.

Sense of helplessness. This seems to be more prevalent in older white men who were successful by society's standards. Their loss of power, status, and prestige can have severe consequences – the suicide rates are highest for older white men in their 80s. A sense of helplessness may also be experienced by other older people as they have less control over many aspects of their lives, e.g., health, relationships, economics. This can lead to a feeling of loss of control over one's life in general.

Rage. Older people frequently express rage. Again, when one considers the life forces that impinge on them, rage or anger is frequently a realistic response to outrageous conditions.

ORGANIC BRAIN DISORDERS

Of particular importance to a counselor working with the elderly is knowledge about organic brain disorders, which have increased incidence in old age. Because of the reversibility of many organic problems with timely detection and treatment, it is particularly important for the counselor of older adults to be able to recognize early symptoms of organic brain syndrome and be able to make appropriate and timely referrals before the disease becomes debilitating and irreversible.

Although only a small percentage of older people are affected by organic brain syndrome, the discussion of this condition is more detailed than other sections of the guidelines because of its unfamiliarity to most counselors. Even this, however, is an oversimplification and greater study is needed.

Organic brain syndrome (OBS) may be either acute (reversible) or chronic. Both conditions are caused by or associated with impairment of brain tissue function. There are five distinctive features of OBS, although all may not be present at the same time or to the same degree. Additionally, any person exhibiting any one of these symptoms is not necessarily affected by organic brain syndrome.

The five distinctive features of OBS, as described by Butler (1975),[3] follow:

1. Disturbance and impairment of memory
2. Impairment of intellectual functioning or comprehension
3. Impairment of judgment
4. Impairment of orientation
5. Shallow or labile affect.

The degree of these impairments may be light to severe. Memory changes are one of the more obvious symptoms. Disorientation of time, place, and person is another symptom which is more easily and accurately tested.

A complex constellation of factors is used to diagnose OBS; memory loss or disorientation alone should not be considered as indicative of this condition. Furthermore, it is obviously not the counselor's responsibility to make such a diagnosis, but the counselor should be aware of and alert to such symptoms so that proper referrals can be made for medical screening and treatment, when necessary.

The distinction between acute or reversible brain syndrome and chronic brain syndrome is important. Although mortality rates are high for acute brain syndrome (an estimated 40% die either from exhaustion or from accompanying physical illness), the person who survives the critical period has a good possibility of achieving complete recovery. There are a variety of causes of reversible brain syndrome (RBS). Some of the more prevalent ones include congestive heart failure, malnutrition, anemia, infection, cerebrovascular accident, drugs, head trauma, alcohol, and drastic environmental changes including the death of a significant person.

Frequently, RBS remains undiagnosed and leads to chronic brain syndrome when it could have been arrested and reversed if detected and treated in earlier stages. Often RBS is misdiagnosed and people who could be treated, cured, and returned to the community are classified as chronic patients and are inappropriately sent to long-term care facilities. It is important for the counselor to be able to identify the behavioral manifestations of RBS because early detection can rescue many older people from the devastating effects of chronic brain syndrome (CBS).

There are two major types of chronic brain syndrome: senile psychosis (also referred to as senile dementia or senile brain disease) and psychosis associated with cerebral arteriosclerosis.

[3]Butler, R. N. Why survive?: Being old in America. New York: Harper & Row, 1975.

Senile psychosis is a chronic, progressive psychotic disorder related to changes in the brain, particularly the degeneration of brain cells independent of vascular changes. Older people who have this condition exhibit a progressive decline in mental functioning. In addition to the five signs of organic disorders mentioned earlier, senile psychosis is marked by poor judgment, lack of personal care, lessened ability for abstract thinking, and apathy. Accompanying emotional reactions may be irritability, depression and anxiety, disorientation in time, place, and person, poor comprehension, incoherent speech, sleeplessness, restlessness, or paranoid tendencies. Even though senile psychosis is a progressive, fatal disease, emotional and physical functioning can improve with supportive therapy. The loss of brain cells, of course, cannot be altered.

Psychosis associated with cerebral arteriosclerosis is also a progressive condition, but the decline is often more erratic than the steady decline observed in senile psychosis. The condition is the result of the narrowing or closing of cerebral blood vessels, which interferes with the flow of blood to the brain and prevents sufficient oxygen and nutrients from reaching the brain. Dizziness, headaches, and increased mental and physical fatigue are early symptoms. The onset can be gradual or sudden. There is generally a slow intellectual loss and irregular memory loss. People suffering from this condition are generally in worse physical condition than those experiencing senile psychosis. Medical care for the physical condition is necessary.

Even though chronic brain syndrome is the result of permanent, irreversible brain damage, symptons such as anxiety and depression can be treated with differing, although limited degrees of success. Psychotherapy and supportive counseling can be helpful.

COUNSELING

It is a common assumption that counselors need specific training to insure their effectiveness with special client populations. The aged have particular needs and problems that warrant special attention from counselors preparing to work with them. While it is crucial to recognize and respond to the differences, it is also important to emphasize the common foundation that all counselors share.

The skills most commonly cited as being requisite for all counselors are the ability to develop empathy and genuineness, skills to establish basic trusting relationships, skills in communication, ability to identify and interpret feelings and thoughts, the facility for exploring feelings in a supportive manner, and competencies for devising appropriate ways to deal with diverse problems. In addition, there is agreement that all counselors need a basic core of knowledge about human behavior and all need to develop an awareness of their own responses to various issues that will present themselves in their work.

Counseling the elderly requires some special skills and an awareness of the unique needs of this population. Some areas for attention are discussed here:

1. Many of today's elderly people are not comfortable with the idea of counseling, therapy, or anything that suggests psychological inadequacies or mental illness. For these reasons, it may be more productive to work with older people in nontraditional settings. It may be easier to hold discussions in a senior center than in a mental health clinic. A less traditional client-counselor relationship might produce better interaction, particularly if there is a great discrepancy in the ages of the therapist and client. The counselor's use of jargon and slang is clearly not helpful.

2. It is important to consider the health and stamina of the older counselee and to make appropriate adaptations in the therapeutic environment. For example, if s/he has any hearing disability, the counselor must be sure to sit facing the counselee and speak loudly enough to be heard. The traditional 50-minute hour may be too long. Feedback from the counselee can help the counselor determine the proper length of time. A straight chair for people with back ailments should be included as part of the office furniture.

3. Many older people are responding to the stress of real problems in daily living. Many of their problems can be alleviated by increased income, better housing, transportation, etc. In order to address the needs of this population, a counselor should be familiar with the social services available to the elderly and be able to make appropriate referrals. Most of the agencies and the forms with which the elderly must deal are very complicated. Many older people might need assistance to work through the bureaucratic maze. If the counselor or agency cannot provide this extra assistance, this might be a good role for paraprofessionals, peer counselors, or volunteers to undertake.

4. Although not a traditional form of counseling, outreach is a vital mental health service for older persons. Many older people may not be aware of counseling services or of their need and/or eligibility for these services and may remain unassisted.

5. Probably one of the most demeaning and therapeutically damaging behaviors of a professional is talking to the older counselee in a childlike manner or a patronizing tone of voice.

6. All the different counseling modalities (e.g., client-centered therapies, behavioral therapies, cogitive therapies) can be effective with older people. Individual or group counseling focusing on such issues as widowhood, retirement, career change, leisure, or growth can be helpful. Other useful approaches include family counseling, supportive counseling, reminiscent therapy, life review, recreational counseling, sex counseling, dance therapy, art therapy, reality orientation. The options available to the counselor of the older adult are limited only by the counselor's own skills and creativity.

7. Because of the intimate relationship between physical and mental health it is vital that older counselees who are experiencing severe psychological disturbances be evaluated by a physician before any counseling occurs. Overmedication, undermedication, toxic combinations of medication, alcoholism, malnutrition, and a variety of untreated physical illnesses can often appear as a psychological problem. The best of all situations for the counselor would be to find a physician who has special training and interest in geriatric medicine and to develop a referral and cooperative relationship with him/her.

While a great deal about aging is still unknown, several characteristics can be described. Old age can be characterized as a period of physiological, psychological, and social changes that are multiple and interactive. One change may act as a catalyst for several subsequent changes. For example, as the result of reduced income in retirement an older couple may have to relocate to more economical housing, adapt to a lower standard of living, establish ties in new neighborhoods, and deal with the stress of moving. Although reduced income is clearly an economic problem in its origin, the disruptive effects create new social and psychological crises for the individual.

Although for purposes of discussion one can identify a problem as psychological, social, economic, or physiological in nature, in a counseling situation one must continually be aware of the interrelationship of all these dimensions. What may seem like a relatively simple problem in one dimension may have effects on others and may become a major crisis in a very short time.

At a time in life when the stresses are many, the older adult may benefit from therapeutic intervention, assistance in problem solving, or advocacy. Counseling and problem-solving assistance may be necessary to help remove some of the sources of stress so that the older adult can function at his/her highest potential. Advocates are needed to intervene with both public and private institutions to insure that the elderly receive the benefits to which they are entitled.

COUNSELING MINORITIES

It is the purpose of this workshop to sensitize counselors to the special problems experienced by many older adults. One group of older people who require even more sensitivity is the minority aged. Most gerontologists agree that the elderly minority member is in a far more vulnerable position than his/her white counterpart. S/he suffers not only from ageism but from decades of racism and poverty as well.

In order to do a successful job in counseling older minority members, one must be aware of the uniqueness of individual minority groups. This same sensitivity and knowledge is also required when counseling people of strong ethnic backgrounds or religious beliefs. It is essential to have a well-developed knowledge base of the ethnic group(s) with whom you will work.

Culture defines roles, family relationships, self-perceptions, norms, and value systems. The therapist must deal with a client from the client's own racial or ethnic perspective. Race and ethnicity may also determine whether individuals will seek counseling services and, if they do, how they will work within the counseling sessions. It may be necessary to modify traditional counseling roles and settings if such modification enhances positive interaction with the client.

Communication is an essential element in counseling. Because many elderly minorities do not speak English and others have differing degrees of fluency, they may be unable to seek assistance or feel uncomfortable in seeking it. Three possible solutions to this are seeking bilingual professional counselors, training minorities to become cotherapists or peer counselors, or using translators.

Many minority elderly live in communities with limited access to social services. For a variety of reasons, they may not be able by themselves to apply for services to which they are entitled. Part of a counselor's responsibility is to work as a change agent so that the required services can be obtained. If a counselor does not have the time to intercede personally, s/he may seek the assistance of bilingual or bicultural volunteers to aid the counselee.

SOCIAL SERVICES

Many older people experience problems in daily living. For the most part these are not intrapsychic problems but are reasonable responses to the stresses older people encounter. Anger when one is

forced to retire, anxiety when one's monthly income is reduced by 50%, depression when one's mobility is curtailed by the revocation of one's driver's license are all normal responses to some difficult life changes.

One important aspect of good counseling for the elderly is being aware of the available social services that can have a positive impact on these problems. There is a vast array of services sponsored by federal, state, and local governments and private nonprofit and church-affiliated organizations.

Probably the best source for locating aging services in the community is through the State Office on Aging or the local Area Agency on Aging (AAA). Every state has an office on aging. In addition, there are more than 500 Area Agencies on Aging that comprise the national aging network. A major function of the AAA is to provide information and referral services to direct people to the appropriate agencies where assistance can be obtained. The phone number and address for the nearest area agency can be obtained from the phone directory or from State Office on Aging.

Some of the types of benefits and services that are available to older people are the following:

- income: Social Security (Old Age, Survivor and Disability Insurance), Supplemental Security Income (SSI), veterans benefits (including widows)
- Railroad Retirement
- employment: part-time, full time, or voluntary service
- nutrition services: congregate meals or home-delivered meals, food stamps
- medical service: Medicare, Medicaid, home health care, day care
- housing: public housing, rent subsidies, low-interest loans to purchase or rehabilitate homes
- recreation: senior centers
- transportation: reduced fares for public transportation
- education: tuition waivers or discounts
- legal and income tax services: paralegal programs
- protective services: conservatorship and guardianship

There are two important factors for the counselor to consider in regard to social services. The first is to provide guidance and support to the older person as s/he attempts to maneuver in today's proliferated and fragmented social service system. Most older people have limited knowledge of the benefits and programs available to them. The older people who have the greatest need for services are the least likely to know how to enter and use the system. The process of obtaining SSI, food stamps, or public housing can be overwhelming, with a myriad of complicated forms that need to be completed. As mentioned earlier the bureaucracy can be especially difficult for minorities and non-English speaking persons who have had less experience (or, frequently, less satisfactory encounters) with social services. Second, many older people feel that any kind of public assistance is charity. An important part of your job as a counselor may be to help them understand their contributions and their rights to these resources.

I: Organizations and Agencies

Those Dealing Primarily with the Elderly

ADMINISTRATION ON AGING.
U.S. Department of Health, Education and Welfare, North Bldg., 330 Independence Ave., S.W., Washington, D.C. 20201.

Responsible for the administration of the Older Americans Act, AoA disperses allotments to states from which the states make grants for community planning services and training for older people, makes direct grants for research, demonstration, and training projects related to aging, and performs an advocacy function at various levels of federal funding.

AMERICAN ASSOCIATION OF HOMES FOR THE AGING.
1050 - 17th St., N.W., Washington, D.C. 20036.

This is the professional association of nonprofit community-sponsored housing projects, homes for the aging, and health-related facilities serving the elderly. AAHA works to promote the professional skills and sensitivities of its members and offers interaction with congressional and federal agencies in developing policies affecting older Americans. Quarterly newsletter.

AMERICAN ASSOCIATION OF RETIRED PERSONS/NATIONAL RETIRED TEACHERS ASSOCIATION.
1909 K St., N.W., Washington, D.C. 20049.

These older people's mass membership organizations provide services and information to increase enjoyment of life for retired persons and to benefit the community. Monthly news bulletin.

AMERICAN GERIATRICS SOCIETY.
10 Columbus Circle, New York, NY 10019.

This is an association dedicated to the study of diseases most prevalent in old age, with a primary focus on preventive medicine.

ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION.
One Dupont Circle, Suite 520, Washington, D.C. 20036.

A professional organization of educational institutions that provides research and professional training in gerontology.

CENTER FOR STUDIES OF THE MENTAL HEALTH OF THE AGING.
Division on Special Mental Health Programs, National Institute of Mental Health, 5600, Fishers Lane, Rm. 18-95, Rockville, MD 20852.

The center coordinates NIMH's efforts on behalf of the aging by centralizing NIMH divisions with support programs for research, training, and services and by analyzing their efforts.

GERONTOLOGICAL SOCIETY.
One Duport Circle, Suite 520, Washington, D.C. 20036.

This is a professional association dedicated to promoting the scientific study of aging in the biological and social sciences and stimulating communication between researchers, teachers, professionals, and interested others.

GRAY PANTHERS.
3700 Chestnut Street, Philadelphia, PA 19104.

A nationally organized movement dedicated to attacking any manifestation of ageism, the Gray Panthers focuses on political action and consciousness raising at the grass roots and national level. It serves as a watch dog on existing social services. Newspaper, Gray Panther Network, published quarterly.

INTERNATIONAL CENTER FOR SOCIAL GERONTOLOGY.
425 - 13th St., N.W., Suite 350, Washington, D.C. 20004.

This is a research center to advance the social welfare of older people by encouraging and conducting research in social gerontology, disseminating information on an international basis, and stimulating the development of training programs to prepare professional workers in the field of aging.

NATIONAL ASSOCIATION OF AREA AGENCIES OF AGING.
1828 L Street, N.W., Suite 505, Washington, D.C. 20036
This is a nonprofit corporation serving as the central national resource for Area Agencies on Aging.

NATIONAL ASSOCIATION FOR HUMANISTIC GERONTOLOGY.
Claremont Office Park, 41 Tunnel Road, Berkeley, CA 94705.
This organization was designed specifically to aid in the creation of a national network of people, institutions, and programs for resource sharing, mutual support, and the advancement of ideas related to a humanistic approach to gerontology. Periodic newsletter.

NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES.
1533 New Hampshire Ave., N.W., Washington, D.C. 20036.
This is a mass membership organization for those covered by federal Civil Service, their spouses, and survivors. It represents the legislative interests of retirees from the federal government. Monthly newsletter.

NATIONAL ASSOCIATION FOR SPANISH-SPEAKING ELDERLY.
1801 K Street, N.W., Suite 1021, Washington, D.C. 20006, or 3875 Wilshire Blvd., Suite 401, Los Angeles, CA 90005.
This is a mass membership and professional association dedicated to articulating the social service needs of Hispanic senior citizens. Bilingual newsletter, Neustra Herencia/Our Heritage.

NATIONAL ASSOCIATION OF STATE UNITS ON AGING.
1828 L Street, N.W., Suite 505, Washington, D.C. 20036.
The professional association of State Units on Aging allows the states to act collectively and gives them the opportunity for informed and considered action as a force to improve the status of older people.

NATIONAL CENTER ON BLACK AGED.
1424 K St., N.W., Washington, D.C. 20005.
Dedicated to developing a cadre of Black professionals in the field of gerontology and encouraging the development of leadership roles on the part of Blacks, low-income, and other minorities in the planning and delivery of social services, the center offers consultation services to local and national aging organizations. Quarterly newsletter, The Golden Page.

NATIONAL COUNCIL ON AGING.
1828 L Street, N.W., Washington, D.C. 20036.
A professional association and affiliation of organizations and individuals concerned with aging, NCOA provides leadership and guidance in the development of services for the elderly and the improvement of the quality of life for older people. Newsletter, Senior Center Report.

NATIONAL COUNCIL OF SENIOR CITIZENS.
1511 K Street, N.W., Washington, D.C. 20005.
This is a mass membership organization that promotes the interests of senior citizens by engaging in issue analysis and providing a responsive and articulate voice for the senior citizen. Monthly newsletter, Senior Citizen News.

NATIONAL INDIAN COUNCIL ON AGING, INC.
P.O. Box 2088, Albuquerque, NM 87103.
The Council provides advocacy for Indian and Alaska Native elderly specifically to bring about the remedial action recommended at the National Indian Conference on Aging.

NATIONAL INSTITUTE ON AGING.
9000 Rockville Pike, Bldg. 31, Rm. 5C-36, Bethesda, MD 20014.
The NIA was established in 1974 by the Research in Aging Act as the 11th of the National

Institutes of Health. It became operational in mid-1976. The objectives of the NIA are to conduct and support biomedical, social, and behavioral research and training related to the aging process, diseases, and other special problems and needs of the aged. NIA is mandated to carry out public information and education programs to disseminate findings to the elderly and near-elderly.

NATIONAL INTERFAITH COALITION ON AGING, INC.
298 South Hull St., Athens, GA 30605.
The NICA is comprised of representatives from the Roman Catholic, Jewish, and Protestant faiths. The structure religious, public, and private leadership in aging and human services from which studies, plans and programs are implemented jointly through the religious constituencies.

NATIONAL SENIOR CITIZENS LAW CENTER.
1709 West 8th St., Los Angeles, CA 90017.
A legal service support center for attorneys in local programs offering assistance to the elderly poor, the Law Center assists many states in developing legal services for the elderly under Title III of the Older Americans Act and serves in an advocacy role at the national level.

URBAN ELDERLY COALITION.
1828 L St., N.W., Washington, D.C. 20036.
This is an affiliation of public agencies/officials or private agencies representing their cities as advocates of the urban elderly. The Coalition provides ongoing education of leaders and staff of urban area offices on aging. Quarterly newsletter, Legislative Update and bimonthly Technical Exchange Bulletin.

U.S. HOUSE OF REPRESENTATIVES, SELECT COMMITTEE ON AGING
Rm. 712, HOB Annex 1, 300 New Jersey Ave., S.E., Washington, D.C. 20515.
Established by the Committee Reform Amendments in 1974, the committee studies problems and opportunities of older people and makes policy recommendations to the Congress, the White House and Federal agencies.

U.S. SENATE, SPECIAL COMMITTEE ON AGING.
Rm. G-225 Dirksen Office Bldg., Washington, D.C. 20510.
Established by Senate Resolution 33 in 1961, the committee studies problems and opportunities of older people and makes policy recommendations to the Congress, the White House and Federal agencies.

WESTERN GERONTOLOGICAL SOCIETY.
785 Market Street, Rm. 616, San Francisco, CA 94103.
This is a regional organization dedicated to improving the quality of life of older persons through training, education, communication, and advocacy of older persons themselves and those serving older persons.

Agencies with Strong Aging Components

ACADEMY FOR EDUCATIONAL DEVELOPMENT
680 Fifth Avenue, New York, NY 10019.

ADULT EDUCATION ASSOCIATION OF THE U.S.A.
810 18th St., N.W., Washington, D.C. 22226.
Newsletter available from the Brookdale Center on Aging, Hunter College, 129 E. 79th St., New York, NY 10021.

AMERICAN ASSOCIATION OF COMMUNITY AND JUNIOR COLLEGES.
One Dupont Circle, N.W., Washington, D.C. 20036.

AMERICAN HOME ECONOMICS ASSOCIATION
1600 - 20th St., N.W., Washington, D.C. 20009.

AMERICAN HOSPITAL ASSOCIATION.
840 North Lake Shore Drive, Chicago, IL 60611.

AMERICAN MEDICAL ASSOCIATION.
535 North Dearborn, Chicago, IL 60610.

AMERICAN NATIONAL RED CROSS.
17th and D Streets, N.W., Washington, D.C. 20006.

AMERICAN NURSING HOME ASSOCIATION.
1200 - 15th St., N.W., Washington, D.C. 20005.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.
6000 Executive Blvd., Suite 200, Rockville, MD.

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION.
1607 New Hampshire Ave., N.W., Washington, D.C. 20009.
Newsletter available from Dr. Harold Riker, Department of Counselor Education, Rm. 100, Norman Hall College of Education, University of Florida, Gainesville, FL 32611.

AMERICAN PHARMACEUTICAL ASSOCIATION.
2215 Constitution Ave., N.W., Washington, D.C. 20037.

AMERICAN PHYSICAL THERAPY ASSOCIATION.
1156 - 15th St., N.W., Washington, D.C. 20005.

AMERICAN PSYCHIATRIC ASSOCIATION.
1700 - 18th Street, N.W., Washington, D.C. 20009.

AMERICAN PSYCHOLOGICAL ASSOCIATION,
Division on Adult Development and Aging.
1200 - 17th St., N.W., Washington, D.C. 20036.

AMERICAN SPEECH AND HEARING ASSOCIATION.
10801 Rockville Place, Rockville, MD 20852.

ASSOCIATION OF MEDICAL REHABILITATION DIRECTORS AND COORDINATORS, INC.
3830 Linklea Drive, Houston, TX 77025.

B'NAI B'RITH.
1640 Rhode Island Ave., N.W., Washington, D.C. 20036.

B'NAI B'RITH WOMEN.
1640 Rhode Island Ave., N.W., Washington, D.C. 20036.

NATIONAL ASSOCIATION OF COUNTIES/NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION.
1735 New York Ave., N.W., Washington, D.C. 20006.

NATIONAL ASSOCIATION OF HOME HEALTH AGENCIES.
8320 Forsyth, St. Louis, MO 63105.

NATIONAL ASSOCIATION FOR PUBLIC CONTINUING AND ADULT EDUCATION.
1201 - 16th St., N.W., Washington, D.C. 20036.

NATIONAL CENTER FOR VOLUNTARY ACTION.
1214 - 16th St., N.W., Washington, D.C. 20036.

NATIONAL CONFERENCE OF STATE LEGISLATURES.
444 North Capitol St., N.W., Washington, D.C. 20001.

NATIONAL COUNCIL FOR HOMEMAKERS SERVICES, INC.
67 Irving Place, New York, NY 10003.

NATIONAL EDUCATION ASSOCIATION
1201 - 16th St., N.W., Washington, D.C. 20036.

NATIONAL GOVERNOR'S CONFERENCE.
444 North Capitol St., Washington, D.C. 20001.

NATIONAL ORGANIZATION FOR WOMEN, TASK FORCE ON OLDER WOMEN.
3800 Harrison St., Oakland, CA 94611.

RURAL AMERICA.
1346 Connecticut Ave., N.W., Washington, D.C. 20036.

U.S. CONFERENCE OF MAYORS.
1620 Eye Street, N.W., Washington, D.C. 20006.

II: Bibliographies, Directories, and Training Manuals

Age is becoming: An annotated bibliography of women and aging. 1977. Older Women's Rights Committee, National Organization for Women, 3800 Harrison St., Oakland, CA 94611. $3.30.

Directory: Innovative developments in aging. 1978. Project Idea, Department of Social and Behavioral Sciences, 3835 Mission St., San Francisco, CA 94110. $15.00.

The Directory catalogues and describes innovative programs, legislation, and advocacy efforts affecting the elderly and gives information on contacting resource persons who have worked on those projects. The information is compiled by a computer and is published annually in the Directory.

Directory: Medicare/Medicaid providers and suppliers of services. 1976 (rev.). Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (Stock Number 017-070-00277-3, HE 3.51/5:975.) $5.45.

A compilation of the names and addresses of all medical facilities (hospitals, nursing facilities, home health agencies, physical therapy centers, laboratories, x-ray units, and disease treatment centers) that are participating in the Health Insurance for the Aged Program.

Employment resources for the middle-aged and retired: A national directory. 1976. Clearing House on Employment for the Aged, 80 Reid Ave., Port Washington, New York 11050. $3.00.

Includes information on federal programs and legislation related to employment of llder workers, a listing of public and private agencies by state, suggested readings, and regional addresses for volunteer programs for senior citizens.

Institute of Gerontology, University of Michigan-Wayne State University, 520 East Liberty, Ann Arbor, MI 48108. The following seven resources are among those available from the Institute of Gerontology:

Boudreault, M.; Larue, V.; & Metzelaar, L. Resources in aging: To live with dignity. 60 pp. Describes a milieu therapy project planned to meet the needs of the ill and frail elderly. The project offers guidelines for others working with elderly persons who are often considered untreatable.

Harrison, S. A set of two selected annotated bibliographies. 1976. Working with the Aged includes material relevant to milieu therapy concepts as developed at the Institute and Day Care for the Elderly includes unpublished and published articles on a variety of day services to the elderly. $1.00.

Hollenshead, C. Past sixty: The older woman in print and film. 1978. 52 pp. 3.00. An annotated bibliography including both scholarly and popular materials. It reflects the social-psychological, legal, and economic issues facing the older woman. Other subjects included are marriage and the extended family, ethnic background, widowhood, health, and sexuality.

Hunter, W. Education for retirement: A bibliography. 1978. The bibliography contains journal articles and books on aging and retirement, education, policies and practices, program descriptions, research, materials for older persons, audiovisual materials, and university and organization referrals.

Kinney, M. Staff development in geriatric institutions. 82 pp. A how-to manual for individuals who are training the staff of agencies providing care for the elderly. The focus is on the processes used in fabricating learning experiences rather than on a collection of exercises to be used in training.

Moss, W. (Ed.). Humanistic perspectives of Aging. 76 pp. An annotated listing of novels, short stories, dramas, essays, and films speaking to human aging and society's attitudes toward it.

Silverman, A. Sexuality in the later years of life. An annotated bibliography on sexuality in the later years.

International Directory of Gerontology. 1975. National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD 20014.

Contains information on gerontological organizations, individual gerontologists, and research resource worldwide. Originally printed in 1968, it has an inserted pamphlet updating it to 1975.

National Council on Aging, 1828 L St., N.W., Washington, D.C. 20036. The following six materials are available from NCOA:

A general bibliography on aging. 52 pp. 1972. $4.00. (#7213) Annotated.

The aged among these in minority groups. 19 pp. 1973. $2.00. (#7315) Annotated.

Directory of senior center and clubs: A National Resource. 558 pp. 1974. $6.00. (#7413.) The Directory lists by region and codes the services provided by programs directed to older adults that provide some sort of educational, recreational, and social activities. It is the most extensive national listing of senior centers to date.

Current literature on aging. An annotated subject guide to selected publications in aging and related areas. Published quarterly.

Director of national organizations with programs in the field of aging. 95 pp. 1971. An annotated listing of 284 national organizations that have aging programs.

NCOA publications list. Published biannually, free. An annotated bibliography of new aging materials.

National Directory of Educational Programs in Gerontology. 1976. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. $9.35. (Stock #017-062-00105-7)

Compiled by the Association for Gerontology in Higher Education, the Directory informs educators, professionals, and students of the nature and location of gerontology-related courses, degree programs, research programs, educational services, and training programs. The most comprehensive listing to date.

New England Gerontology Center, 15 Garrison Ave., Durham, NH 03824. The following five materials are among those available from the center:

Gerontological resource directory of services and education programs in New England. 40 pp. $3.50. #026). The directory lists gerontological resources in educational institutions and service programs for older people. It locates resources for service providers, students, and other interested people.

Literature and aging. 1977. 20 pp. $2.00 (#038). The bibliography focuses on aspects of aging in fiction, nonfiction, drama, and poetry. Recommended for the elderly themselves, educators, trainers, and program and project staff for elderly services.

Psychology of aging. 1977. 4 pp. $1.50. (#033). A general bibliography including entries under the areas of sexuality, death, age-related changes, maladjustment, and general psychology theory related to aging. Entries include books, journal articles, periodicals, and papers. Some entries are annotated.

Publications and periodicals. Free. An annotated list of aging-related bibliographies, audio-visual productions, books, and periodicals.

Retirement bibliography: A compilation of resources on the subjects of retirement and pre-retirement planning. 1976. 15 pp. $1.50. (#029). Resources include books, pamphlets, periodicals, and government publications on a range of topics related to retirement such as preretirement programs, career changes, retirement experiences, retirement income and alternatives.

Norback, Craig & Norback, P. The older Americans' handbook. New York: Van Nostrand, 1977. 311 pp. $8.95.

Directory listing sources of information and aid for older people under the headings of health, housing, nursing homes, and agencies on aging.

Research on mental health of the aging, 1960-1976. U.S. National Institute of Mental Health, Washington, D.C. U.S. Government Printing Office, 1977. xii—69 pp. $2.20.

An annotated bibliography of NIMH research relevant to the mental health problems of the aging. Entries are listed under topic, with investigator and subject indexes.

Rich, T. A., & Gilmore, A.S. Basic concepts of aging — A programmed manual. USDHEW, Office of Human Development, Administration on Aging, Washington, D.C. 20201 (OHD 74-20274).

This programmed manual is designed to meet the needs of employed and volunteer workers who wish to augment their knowledge of the older population and the processes, problems, and challenges of aging. It can also be used as a text in courses aimed at giving students a basic knowledge of aging and in preparing personnel for vocations in the field.

Rook, M. L. & Wingrove, R. Gerontology: An annotated bibliography. Washington, D.C.: University Press of America, 1977. 262 pp. $12.75.

An annotated bibliography of the aging literature, esclusive of journals, published from 1966 to 1977. Citations in the field and an author index.

Sell, I. Dying and death: An annotated bibliography. Tiresias Press, Inc. (116 Pinehurst Ave., New York, NY 10033), 1977.

Although the articles, books, and audiovisual materials annotated here were chosen primarily for their relevance and implications for nursing, it can be used by other persons involved in providing care for dying patients. The items included are concerned with the emotional, psychosocial, or interpersonal aspects of the dying situation and focus on the dying individual, his/her family, and his/her caregivers.

Shock, N. A classified bibliography of gerontology and geriatrics. Vol. I, 1900-1948; Vol. II, 1949-1955; Vol. III, 1956-1961. Stanford: Stanford University Press, 1951, 1957, 1963.

Sourcebook on aging. Chicago: Marquis Who's Who, Inc. 1977, 662 pp. $34.50.

A compendium of material reprinted from government documents, journal articles, and other sources that present in narrative and statistics the current status of the elderly in America.

Sprague, N. & Knatz, H. Finding a job: A resource book for the middle-aged and retired. New York: Adelphia University Press, 1978. 138 pp. $8.00.

The book is designed for the middle-aged and retired, who need or want full- or part-time work. It can be used as a practical reference by counselors, placement personnel, information and referral specialists, and employment planners.

Strugnell, C. Adjustment to widowhood and some related problems: A selective and annotated bibliography. Health Sciences Publishing Corp. (453 Greenwich St., New York, NY 10013), 1977.

Contains a review of the literature that would provide background and illustrations of those issues that relate to understanding a mutual help program such as Widow-to-Widow. Entries are annotated.

Sutherland, E. Depression, grief and suicide in the aged, Aging and memtal health. Sex and marriage in the aging. Recreation for the aging. Other bibliographies. National Clearinghouse for Mental Health Information (5600 Fishers Lane, Rockville, MD 20852), 1976. Free.

Training resources in aging. (5th ed.). Center for the Study of Aging and Human Development, Duke University (Box 3003, Durham, NC 27710). Microfiche, $1.00.

A bibliography of films, training manuals, audiovisual resources, course outlines, seminar materials, teacher guides for disciplines such as exercise, nutrition, funding, safety, sanitation, and information and referral services.

U. S. Department of Health, Education and Welfare. Words on Aging. More Words on Aging. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. $.75 (Stock).

An annotated bibliography of selected references compiled for the Administration on Aging by the DHEW Library.

III: Articles and Books Concerned Directly with Counseling the Elderly

Articles

Abramson, M., & Wehman, P. Promoting intellectual performance in the aged: An ecological approach. Journal of Applied Rehabilitation Counseling, 1975, 6(3), 159-171.

Barns, E.; Sack, A.; & Shore, H. Guidelines to treatment approaches: Modalities and methods for use with the aged. Gerontologist, 1973, 13(4), 513-527.

Berry, J. Counseling older women: A perspective. Personnel and Guidance Journal, 1976, 55(3), 130-131.

Blake, R. Counseling the elderly: An emerging area for counselor education. Counselor Education and Supervision, 1975, 15(2), 156-157.

Buckley, M. Counseling the aging. Personnel and Guidance Journal, 1972, 50(9), 755-758.

Busse, E. Guidelines for an information and counseling service for older persons, 1970. Center for the Study of Aging and Human Development, Duke University, Durham, North Carolina 27706.

Cohen, R. Outreach and advocacy in the treatment of the aged. Social Casework, 1974, 55(5), 271-277.

Counseling adults. Counseling Psychologist, (special issue), 1976, 6(1), 1-96.

Counseling over the life span. Personnel and Guidance Journal, (special issue), 1976, 55(3), 97-147.

Heimstta, R. Continuing education of the aged: A survey of needs and interests of older people. Adult Education, 1972, 22(2), 100-109.

Hickey, T. Psychologic rehabilitation for the normal elderly. Mental Hygiene, 1969, 53(3), 369-374.

Hoyer, W. Application of operant techniques to the modification of elderly behavior. Gerontologist, 1973, 13(1), 18-22.

Kimmel, D. Adult development: Challenges for counseling. Personnel and Guidance Journal, 1976, 55, 103-105.

Lawton, M., & Gottesman, L. Psychological services to the elderly. American Psychologist, 1974, 689-693.

Linsk, N.; Michael, W.; & Pinkston, E. Behavioral group work in a home for the aged. Social Work, 1975, 20(6), 454-463.

Liton, J., & Olstein, S. Therapeutic aspects of reminiscence. Social Casework, 1969, 263-268.

Lombana, J. Counseling the elderly: Remediation plus prevention. Personnel and Guidance Journal, 1976, 55(3), 143-144.

Matthews, E.; Berry J.; Feingold, N.; Tyler, L.; & Weary, B. Counseling girls and women over the life span. Washington, D.C.: National Vocational Guidance Association, 1972.

Maynard, M. Three theoretical aging frames of reference: Implications for a rehabilitation counselors' model. Journal of Applied Rehabilitation Counseling, 1974, 5(4), 207-214.

Miller, M. Counseling older adults and using community resources. Tallahassee: Florida State University, Institute on Aging, 1976.

Power, C., & McCarron, L. Treatment of depression in persons residing in homes for the aged. Gerontologist, 1977, 17(4), 132-135.

Pressey, S. Age counseling crises, services, potential. Journal of Counseling Psychology, 1973, 20(4), 356-360.

Pressey, S., & Pressey, A. Major neglected need opportunity: Old age counseling. Journal of Counseling Psychology, 1972, 19(5), 362-366.

Quirk, D. Life-span opportunities for the older adult. Personnel and Guidance Journal, 1976, 55(3), 140-142.

Schlossberg, N. The case for counseling adults. Counseling Psychologist, 1976, 6(1), 33-36.

Schmidt, L. Issues in counseling older people. Educational Gerontology, 1976, 1, 187-192.

Schmidt, M. Interviewing the "old old". Gerontologist, 1975, 15, 544-547.

Tomita, K. Counseling middle-aged and older workers. Industrial Gerontology, 1975, 2, 45-52.

Troll, L., & Nowak, C. How old are you? The question of age bias in counseling of adults. Counseling Psychologist, 1976, 6(1), 41-44.

Troll, L., & Schlossberg, N. How "age biased" are college counselors? Industrial Gerontology, 1972, 10, 14-20.

Sinick, D. Counseling older persons: Career change and retirement. Vocational Guidance Quarterly, 1976, 25(1), 18-25.

Spitzer, E. Counseling aging persons with self-bounded lifestyles. Journal of Individual Psychology, 1966, 22, 104-111.

Stevens, C. Counseling the aged in a public housing project. Personnel and Guidance Journal, 1973, 52(3), 189-193.

Waters, E.; Fink, S.; Goodman, J.; & Parker, G. Strategies for training adult counselors. Counseling Psychologist, 1976, 6(1), 61-66.

Waters, E.; Fink, S.; & White, B. Peer group counseling for older people. Educational Gerontology, 1976, 1, 157-170.

Books

Aging: Today's Research and You. Los Angeles, Calif.: Andrus Gerontology Center, University of Southern California, 1977. 89 pp. $2.50.

A series of lectures providing the latest research on various aspects of aging to a general audience. Topics covered in the series are mental health, counseling older persons, intergenerational relations, learning in the later years, maximizing your potential, the positive power of aging, and how to enjoy leisure time in retirement.

Alpaugh, P., & Haney, M. Counseling the older adult. Los Angeles: Andrus Gerontology Center, University of Southern California, 1978. $6.50. 195 pp.

This book includes readings summarizing information about aging and the older adult, a learning model for the development of basic communication skills, a nine-step counseling model, guidelines for setting up a counseling program, and a presentation of common problems that affect older adults.

Gilbert, J. The paraprofessional and the elderly. 1977. Greenvale, N.Y.: Panel Publishers, 1977. 200 pp.

This book is intended to inform paraprofessionals and others who are interested in the problems of aging about the changes that take place in both the normal and the abnormal aging person, about the various areas in which one can work with older persons, and of the different local, state, and federal programs available for them.

Sinick, D. Counseling older persons: Careers, retirement, dying (New Vistas in Counseling Series, Vol. 4). New York: Human Sciences Press, 1977. $6.95. 112 pp.
Includes background material and counseling emphases on second careers, retirement and dying, and an extensive bibliography.

For the Counselor Educator:

Atchley, R. The social forces in later life (2nd ed.). Belmont, Calif.: Wadsworth, 1977.
Barry, J., & Wingrove, C.R. Let's learn about aging: A book of readings. New York: Wiley, 1977.
Becker, E. The denial of death. New York: Free Press, 1973.
Binstock, R., & Shanas, E. Handbook of aging and the social sciences. New York: Van Nostrand Reinhold, 1976.
Block, M.; Davidson, J.; Grambs, J.; Serock, K. Uncharted territory: Issues and concerns of women over 40. College Park: University of Maryland, 1978.
Busse, E., & Pfeiffer, E. Behavior and adaptation in later life. Boston: Little, Brown, 1977.
Butler, R. Why survive?: Being old in America. New York: Harper & Row, 1975.
Butler, R., & Lewis, M. Mental health and aging. St. Louis: C. V. Mosby, 1977.
Eisdorfer, C., & Lawton, M. P. (Eds.). The psychology of adult development and aging. Washington, D.C.: American Psychological Association, 1973.
Harris, L., & associates. The myth and reality of aging in america. Washington, D.C.: National Council on the Aging, 1975.
Kalish, R. (Ed.). The later years: Social applications of gerontology. Monterey: Brooks/Cole, 1977.
Kimmel, D. Adulthood and aging. New York: Wiley, 1974.
Neugarten, B. (Ed.). Middle age and aging. Chicago: University of Chicago Press, 1968.
Overs, R.; Taylor, S.; & Adkins, C. Avocational counseling manual: A guide to complete leisure guidance. Washington, D.C.: Hawkins & Associates, 1977.
Woodruff, D., & Birren, J. Aging: Scientific perspectives and social issues. New York. Van Nostrand, 1975.

IV: Periodicals

Active Times, Society for Pre-retirement Program Planners, 2040 North 50th Ave., Omaha, NB 68104. Quarterly, Year subscription: $7.50.
Directed toward program planners, counselors, directors of programs and students in the field of preretirement planning and aging, the publication includes pertinent articles, model counseling programs, and resource leads.

Aging. Administration on Aging, Rm. 4551, 330 Independence Ave., SW, Washington, D.C. 20201. Bimonthly. Year subscription: $5.05.
Regular sections include a conference calendar, news from federal, state, and area agencies and a listing of recent publications.

Adult Education. Gordon Darkenwald, Circulation and Advertising Manager, 810 - 18th St., NW, Washington, D.C. 20006. Quarterly. Year subscription: $15.00.
A journal emphasizing research, formal philosophy, and the history of adult education, theoretical formulations, comparative adult education, and interpretative reviews of the literature.

Community Mental Health Journal. Behavioral Publications, Inc., 72 Fifth Ave., New York, NY 10011. Quarterly. Year subscription: $35.00.
Devoted to emerging approaches in mental health research, theory and practice as they relate to the community.

Counseling Psychologist, American Psychological Association, 1200 17th St., NW, Washington, D.C. 20036. Bimonthly. Year subscription: $15.00.
Addressing psychologists and personnel workers concerned with counseling of clients, students, and employees this journal emphasizes the developmental aspects of counseling in theory, research and practice.

Current Literature on Aging. National Council on Aging, 1828 L St., NW, Washington, D.C. 20036. Quarterly. Year subscription: $5.00.

Lists selected recent books and articles under subject headings: aged and aging, community organizations, education, employment, health, housing, institutional care, legislation, nursing homes, retirement, social welfare, etc.

Developments in Aging. U.S. Senate, Special Committee on Aging, Superintendent of Documents, U.S. GPO, Washington, D.C. 20402. Yearly.
The official testimonies of the Senate Special Committee on Aging, minority views included.

Dynamic Years (formerly Dynamic Maturity). Action for Independent Maturity, 215 Long Beach Blvd., Long Beach, CA 90801. Bimonthly. Available only to members of AIM, a division of AARP.
A magazine for working Americans over 50 years of age.

Educational Gerontology: An international quarterly. Hemisphere Publishing Corp., 1025 Vermont Ave., NW, Washington, D.C. 20005. Quarterly. Year subscription: $39.60.
Journal of research and theory in education and aging.

Geriatrics. Lancet Publications, 4015 W. 65th St., Minneapolis, MN 55435. Monthly. Year subscription: $15.00.
Journal of clinical medicine dealing with middle-aged and older people.

The Gerontologist. Gerontological Society, One Dupont Circle, NW, Washington, D.C. 20036. Bimonthly. Year subscription: $20.00.
Aimed at keeping practitioners in the field of aging abreast of current research, political issues, and practical developments.

Human Development. Albert J. Phiebig, Inc., P.O. Box 352, White Plains, NY 10602. Bimonthly. Year subscription: $49.00.
International journal dealing with developmental psychology across the life span.

Industrial Gerontology. National Council on Aging, 1828 L St., NW, Washington, D.C. 20036. Quarterly. Year subscription: $20.00.
Journal dealing with the issues of work and age. Articles are research-oriented or offer factual information about programs and policies.

International Journal of Aging and Human Development (formerly Aging and Human Development). Baywood Publishing Co., Inc., 120 Marine St., Farmington, NY 11735. Quarterly. Year subscription $35.00.
A journal of psychosocial gerontology. Emphasis is on psychological and social research on aging and the aged, but the journal also publishes research from other fields that utilize gerontological observations.

Journal of Gerontology. Gerontological Society, One Dupont Circle, NW, Washington, D.C. 20036. Bimonthly. Year subscription: $35.00.
Research-oriented journal dealing with the problems of aging from the viewpoint of the natural, medical, and social sciences.

Journal of Rehabilitation. National Rehabilitation Association, 1522 K St., NW, Washington, D.C. 20005. Bimonthly. Year subscription: $5.00.
Professional magazine concerned with the rehabilitation field in general.

Lifelong Learning: The Adult Years (formerly Adult Leadership). Adult Education Association of the U.S.A., 810 - 18th St., NW, Washington, D.C. 20006. Monthly. Year subscription: $15.00.
The journal presents ideas, techniques, job openings, current legislation, resources, conferences, and future trends in continuing education. It presents in-depth analyses of contemporary action projects.

Omega. Baywood Publishing Company, Inc., 43 Central Drive, Farmingdale, NY 11735. Quarterly. Year subscription: $35.00.
An international journal for the study of dying, death, bereavement, suicide.

Personnel and Guidance Journal. American Personnel and Guidance Association, 1607 New Hampshire Ave., NW, Washington, D.C. 20009.

The official journal of the American Personnel and Guidance Association. Articles describe effective practices and applications of research that relate to professional issues of counseling and guidance. Journal issues are frequently devoted to special topics (November 1976 issue focused on aging) Published 10 times a year. Subscription:

Perspective on Aging. National Council on Aging, 1828 L St., NW, Washington, D.C. 20036. Bimonthly. Year subscription: $20.00.

The National Council on Aging's news magazine for older people. The magazine contains news of political developments, NCOA projects and publications, and feature articles on specific problems of older persons.

Rehabilitation Counseling Bulletin. American Personnel and Guidance Association, 1607 New Hampshire Ave., NW, Washington, D.C. 20009. Quarterly. Year subscription: $9.00.

Articles illuminate theory and practice in rehabilitation counseling and explore innovations in the field.

V: Information Pamphlets

This section is intended to provide inexpensive resources that a counselor may wish to own or recommend to counselees. The majority of the listings are short, large-print, informative pamphlets.

The U.S. Government Printing Office has created subject bibliographies that list publications on a single topic or field of interest for sale by the Superintendent of Documents. The Subject Index on Aging (#39) is available free of charge from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Below is a sample of the entries in this bibliography.

Are You Planning on Living the Rest of Your Life? A guidebook for planning your retirement. Reprinted 1973. 72 pp. (HE 1.202:L76 017-062-0038-7) $.80.

Community Colleges Respond to Elders: A Sourcebook for Program Development. Defines the educational needs of older adults and surveys some of the programs carried out by community colleges in response to those needs. Also provides an outline of suggested core curriculums and a model for program development, based on other successful education programs for older adults. 1975. 80 pp. (HE 19.202:E1 2 017-080-01499-8) $1.90.

Consumer Guide for Older People. 1968. 2 pp. (FS 17.308:C 76 017-062-00010-7) $.35.

Facts About Older Americans, 1976. Contains 1975 statistics, tables, charts, and graphs about older Americans. Revised 1976, reprinted 1977. 12 pp. ill. (HE 1.202:F 11/3 017-062-00103-1). $.35.

The Fitness Challenge in the Later Years, An Exercise Program for Older Americans. Reprinted 1976. 28 pp. ill. (HE 17.302:F 55 017-062-0009-3) $.75.

Food and Housing for the Elderly. Many elderly people are unaware of services available through the federal government. This pamphlet discusses various programs that provide opportunities for individuals, groups, and communities to contribute to an improved quality of life for older Americans. Includes descriptions of the Food Stamp and Food Distribution Programs and rural housing loan programs for home ownership, rental, or repair. 1972. 8 pp. ill. (A1.2:F 73/35 001-000-02626-7) $.35.

A Guide to Budgeting for the Retired Couple. Revised 1973, reprinted 1975. 14 pp. ill. (A1.77:194/3 001-000-02963-1) $.35.

Guidelines for a Telephone Reassurance Service. The telephone reassurance service is an organized volunteer program that calls elderly or incapacitated persons who live alone to check on their well-being. This booklet describes the service and gives instructions on how to initiate such a service. Reprinted 1975. 23 pp. (HE17.308:T 23 017-062-00043-3) $.45.

Handle Yourself with Care, Accident Prevention for Older Americans. Alerts you to dangers in and outside the home and methods of avoiding them. Falls, dangers of fire, care in handling medicines, and driver and pedestrian safety points are dealt with in particular. Reprinted 1974. 20 pp. (HE 17.302:H 19/2/973 017-062-00011-5) $.40.

Health in the Later Years. With the aid of charts, this report presents an overview of life expectancy and mortality, discusses health problems and their impact, and the use of health services by older Americans. The information is drawn from the four data collection and analysis resources of the National Center for Health Statistics. Reprinted 1973. 53 pp. ill. (HE 20.2202:L 34 017-022-00178-1) $1.35.

Mental Health and the Elderly. Hearing, Senate Select Committee on Aging. A 1975 Senate committee hearing that surveys the mental health needs of the elderly and asses the impact of the Supreme Court's landmark 1975 decision in Donaldson v. O'Connor. 1976. 139 pp. ill. (Y 4.AG 4:M 52/3 052-070-03248-9) $2.10.

Nursing Home Care. This booklet tells you about the variety of institutions called nursing homes, including those called rest homes, convalescent homes, homes for the aged, and retirement homes. It also describes the kinds of care and services found in good nursing homes and provides a check-list for your use in making comparisons. 1976. 33 pp. ill. (HE 17.502:N 93 017-061-00036-4) $.70.

Older American Act: A Summary. 1976. 40 pp. (Y 4.AG 4/2 :OL 1 052-070-03628-1) $.50.

Older Americans Are a National Resource. This booklet describes how three federal agencies are opening opportunities for older Americans to help their communities and themselves. 1974. 120 pp. (HE 1.202:)L 1 017-062-00085-9) $.40.

Planning for the Later Years. A guide to properly planning your retirement years now. Discusses such topics as retirement income, nutrition, psychological adjustments, legal problems, use of leisure time, housing and living arrangements, and more. 1967. Reprinted 1974. 51 pp. ill. (HE 3:2:P 69/967 017-070-00003-7) $.95.

Publications of the Administration on Aging. 1976. 17 pp. (HE 1.212:P 96 017-062-00101-4) $.35.

Serving Mental Health Needs of the Aged Through Volunteer Services. This publication is intended for administrators or volunteer directors who are planning programs embracing the elderly either as volunteers or as recipients of volunteer services. It focuses on issues, offers some insights and suggestions, and raises some questions that should be answered within the context of local program operation. 1976. 18 pp. (HE 20.8002:Ag 3 017-024-00478-2) $1.10.

Social Policy, Social Ethics, and the Aging Society. As the proportion of elderly people in the U.S. keeps increasing, new social policies will continue to be enacted. It is important that ethical considerations not be forgotten when policies are developed. This book contains nine papers about the economic welfare of the elderly, health services for the elderly, and the social ethics-social policy relationship inherent in providing each. The papers were presented at a 1976 conference on aging. 1976. 121 pp. (NS 1.s:So1/2 038-000-0029906) $1.95.

Social Security Handbook, February 1974. 1974. 512 pp. (HE 3.6/2:So 1/3/974 017-070-00220-0) $4.30.

To Find the Way to Opportunities and Services for Older Americans. Provides information for older Americans on special services available in many communities. Among the opportunities and services discussed are health programs, employment, adult education, and involvement in voluntary service projects. Reprinted 1976. 44 pp. ill. (HE 1.202:W 36 017-062-00091-3) $.80.

Spanish edition to above. Revised 1975. 44 pp. ill. (HE 1.202:W 36/Spanish 017-062-00094-8) $.75.

Your Medicare Handbook, January 1977. Revised 1977. 64 pp. (HE 3.6/3:M 46/4/977 017-070-00292-7) $.60.

The National Senior Citizens Law Center publishes a number of pamphlets concerning the legal issues of the elderly. The complete list is free and available from the National Clearinghouse for Legal Services, Order Department, 500 North Michigan Avenue, Suite 2220, Chicago, IL 60611. Below is a sample of the entries in this bibliography:

Nursing Home Law Handbook. Catalogue No. 18.320. $1.25.
Veteran's Benefits and the Elderly Veteran. Catalogue No. 18.459. $1.25.
Supplemental Security Income: Ten Most Wanted Answers. Catalogue No. 21.687. $.75.
Legal Issues Affecting the Older Woman in America Today. Catalogue No. 18.460. $1.25.

The National Organization for Women's Task Force on Older Women publishes a number of resource materials concerning the older woman. The complete list can be obtained from the Older Women's Rights Committee, 3800 Harrison St., Oakland, CA 94611. Below is a sample of the entries in this bibliography:

Consciousness Raising for Older Women. 1977. $.50.
Aging is a Woman's Issue. 1976. $.25.
Instead of Agonizing – Organize. 1975. $.25.
Questionnaire for Interviewing Women 45 and Older. 1973. $.25.

The American Association of Retired Persons and National Retired Teachers Association have published a series called "Better Retirement Books." The books are available, first copy free, from the American Association of Retired Persons/National Retired Teachers Association, 215 Long Beach Blvd., Long Beach, CA 90801. Below is a list of the books:

Your Retirement Consumer Guide
Your Retirement Legal Guide
Your Retirement Income Tax Guide
Your Retirement Psychology Guide
Your Retirement Health Guide
Your Retirement Money Guide
Your Retirement Anti-Crime Guide
Your Retirement Widowhood Guide
Your Retirement Hobby Guide
Your Retirement Home Repair Guide
Your Retirement Information Guide
Your Retirement Safety Guide
Your Retirement Housing Guide
Your Retirement Pet Guide

The American Speech and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852 has published the following booklet: Communication Problems of the Older American. The booklet focuses on hearing, speech and language disorders that may accompany aging and the resultant behaviors. Free.

VI: Films: A Few Catalogs

About Aging: A Catalog of Films (ordering information included). The largest and most comprehencatalogue to date. It lists 325 films in 34 separate categories including a selection of feature length and foreign films. 148 pp. $3.50. Available from: Publications Office, Andrus Gerontology Center, University of Southern California, University Park, Los Angeles, CA 90007.

Aging. This catalogue describes films on aging available from the University of Michigan's Audio-Visual Education Center. The films are rated according to recommended audience level and are available on a 3-day rental basis. 7 pp. Free. Available from: University of Michigan Audio-Visual Education Center, 416 Fourth St., Ann Arbor, Michigan 48109.

Death and Dying. This catalogue describes films on death and dying available from the University of Michigan's Audio-Visual Education Center. The films are rated according to recommended audience level and are available on a 3-day rental basis. 4 pp. Free. Available from: University of Michigan Audio-Visual Education Center, 416 Fourth St., An Arbor, Michigan 48109.

KWIC's Film Forum Series (ordering information included). Quarterly updated evaluations of films on aging. $1.50 per issue. KWIC Project, Center for the Study of Aging, Box 30003, Duke Medical Center, Durham, NC 27710.

Media Catalog (ordering information included). Debra Bejanpour and Marla Berg (Eds.). The catalogue contains a wide variety of free and low-cost films, filmstrips, slides, records, and cassette tapes older people will enjoy. Subjects range from arts and crafts to information on consumer fraud to entertainment. There is also a section of media for training purposes. Available from: Center for Aging, Water Hall 253, Kansas State University, Manhattan, KS 66506.

Media on Aging: Bibliography. Pam Tilton-Alberts (Ed.). An annotated bibliography of over 850 films, slides, tapes, filmstrips, videotapes, and plays dealing with gerontology. Nursing homes, retirement, transportation, and health services and programs are included in the topics. 1978. $6.50. Available from: New England Gerontology Center, 15 Garrison Ave., Durham, NH 03824. (Order number 042)

Media Resources for Gerontology (ordering information included). Penelope Sahara. Lists and annotates more than 850 productions (films, filmstrips, slides, audio- and videotape) concerning aging. Each production title is cross-indexed according to 44 subject headings. 1977. 150 pp. $4.00. Available from: Gerontology Publications, Institute of Gerontology, University of Michigan, 520 E. Liberty Street, Ann Arbor, MI 48109.

Woman in Print and Film (ordering information included). Carol Hollenshead. An annotated bibliography including both scholarly and popular materials. It reflects the social-psychological, legal and economic issues facing the older woman. Other subjects included are marriage and the extended family, ethnic background, widowhood, health, and sexuality. Available from: Institute of Gerontology, 520 East Liberty, Ann Arbor, MI 48109. 52 pp. $3.00.

Print and Audiovisual Resources. Periodically printed pamphlet of resources available from the Institute of Gerontology, University of Michigan-Wayne State University. Free. Available from: Institute of Gerontology, 520 East Liberty, Ann Arbor, MI 48108.

VII: Summer Institutes in Aging

The following institutions of higher education have in the past held summer institutes in gerontology. The institutes and course offering may vary from year to year so the potential student should inquire directly to the school for current information.

For a complete listing of higher education institutions offering courses in gerontology, see the National Directory of Educational Programs in Gerontology. (Ball State University, Institute of Gerontology, Muncie, Indiana 47306.)

Bethany College, Lindsborg, Kansas 67456.
Boston University, Summer Institute, Gerontology Center, 730 Commonwealth Ave., Boston, MA.
Eastern Michigan University, 225 King Hall, Ypsilanti, Michigan 48197.
Fordham University, Graduate School of Social Service, Lincoln Center Campus, New York, NY 10023.
Madonna College, 36600 Schoolcraft Rd., Livonia, MI 48150.
Miami University, Scripps Foundation Gerontology Center and Departments of Home Economics and Sociology, Oxford, Ohio 45056.
North Texas State University, Summer Institute, Center for Studies in Aging, NT Box 13438, Denton, Tex. 76203.
Oakland University, Continuum Center for Adult Counseling and Leadership Training, Rochester, MI 48063.
Old Dominion University, Community Health Institute in Gerontological Services, Norfolk, VA 23508.
Oregon State University, Program on Gerontology, Corvallis, Ore. 97331.
Pennsylvania State University, Gerontology Summer Series, 410 Keller Bldg., University Park, PA 16802.
St. Michael's College, Winooski, VT 05404.
Sangamon State University, Studies in Gerontology, Springfield, IL 62708.
San Jose State University, Summer Gerontology Institute, Office of Continuing Education, Journalism Classroom Bldg. 136B, San Jose, CA 95192.
SUNY at Albany, Institute of Gerontology, 1503 Mohawk Tower, School of Social Welfare, 1400 Washington Ave., Albany, NY 12222.
SUNY at Buffalo, Center for the Study of Aging, 4248 Ridge Lea, Amherst, NY 14226.
Syracuse University, All-University Gerontology Center, University College, 610 E. Fayette St., Syracuse, NY 13202.
University of Chicago, School of Social Services Administration, 969 East 60th St., Chicago, IL 60637.
University of Miami, Institute for the Study of Aging, P.O. Box 248106, Coral Gables, FL 33124.

University of Michigan, Institute of Gerontology, 520 E. Liberty St., Ann Arbor, MI 48109.
University of Nebraska at Omaha, Gerontology Program, Box 688, Omaha, NB 68101.
University of New Hampshire, New England Gerontology Center, 15 Garrison Avenue, Durham, NH 03824.
University of Southern California, Andrus Gerontology Center, University Park, Los Angeles, CA 90007.
University of Utah, Rocky Mountain Gerontology Center, 2034 Annex Building, Salt Lake City, Utah 84112.
University of Washington, Institute of Aging, SC-61, Seattle, WA 98195.
Washington University, Department of Psychology, St. Louis, MO 63130.
William Patterson College, Health Sciences Department, 300 Pompton Road, Wayne, NJ 07470.

VIII: Guidelines to Funding Sources

Catalog of Federal Domestic Assistance. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. $17.00.

The CFDA is a guide for researching sources of federal grant assistance. Contains a complete list of government programs, including a variety of cross references. Also includes eligibility requirements, application procedures and deadlines.

Education and C.E.T.A. A Coordination Guide for Adult Education and Vocational Administrators. 1976. Superintendent of Documents, Public Documents Distribution Center, Pueblo, Colorado 81009. 52 pp. $1.10. (No. S/N 017-090-00025-9)

Contains an explanation of the Comprehensive Employment and Training Act (C.E.T.A.) and its value to vocational and adult education programs.

Everything You Can Get from the Government for Free (And Almost Free). Van Nostrand Reinhold, 450 West 33rd St., New York, NY 10001. $7.95.

A government guide that lists annual federal monies that are available if not allocated. Agencies' services are also listed.

Federal Assistance for Programs Serving the Handicapped. Office for Handicapped Individuals, Department of Health, Education and Welfare, Washington, D.C. 20201. Price not available. DHEW publication number (OHD) 76-2201.

This booklet contains a listing of all federal assistance programs that provide aid to the handicapped or those who work with them. Direct mail fund-raising topics such as scheduling, testing new lists, copy and art, key coding, typography, and list brokers are a few of the topics covered in this booklet.

Federal Register. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 ($50.00 a year).

The Register reports what research is currently being funded. It is published daily and indexed monthly. All proposed federal rules, regulations, and advisory meetings must appear in the Register. A subscription includes the Code of Federal Regulations.

Fund Raising by Parent/Citizen Groups. National Committee for Citizens in Education. 1976. 52 pp. Single copy, $1.75. Include a self-addressed label to Suite 140, Wilde Lake Village Green, Columbia MD 21044.

A basic guide to fund-raising activities. This step-by-step booklet takes you from identifying sources of support to developing a fund-raising plan. A brief overview of proposals, suggestions on how to report donors, and a brief but sufficient bibliography are also included.

Fund Sources in Health and Allied Fields. Oryx Press, 3920 E. Camelback Road, Phoenix, Arizona 85018. Free sample.

A new monthly newsletter, this publication provides up-to-date information on grants sponsored by the federal government and by foundations and private sector organizations. Information is arranged by application deadline date up to six months ahead and by subject.

Grants Administration Manual. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. $15.70 per subscription.

This U.S. Department of Health, Education and Welfare loose-leaf manual lists all major grants policies and is especially useful if one deals with the HEW extensively. Irregularly updated by transmittal notice.

The Grants Planner: A Systems Approach to Grantsmanship. By Daniel Lynn Conrad and the research and development staff of the Institute for Fund Raising. NTL/Learning Resources Corp., 7594 Eads Ave., La Jolla, CA 92037. 1976.

A book of step-by-step methods including all important aspects of successful grant solicitation and of maintaining a grants readiness system. Background information, how to instructions, and tools for current grant-seekers are also included. Worksheets and checklists used in grant solicitation are presented along with many pages of vital grants reference information.

Grants Policy Statement. Public Health Service. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. 1977. (DHEW Publication No. (OS) 74-50,000. Stock No. 1720-00055) $.90 each.

This booklet sets forth a basic framework within which grantee institutions and PHS agencies are expected to operate.

Guide to Federal Assistance for Education. New Century Education Corp., 440 Park Ave., New York, NY 10016. $255.00 (initial order, $375.00).

A set of files updated monthly giving information on federal programs and legislation affecting higher education. A section listing upcoming program deadlines is particularly useful.

Guide to Federal Consumer Services. Office of Consumer Affairs, Washington, D.C. 20201. Free.

Description of 36 federal departments and agencies and their services for consumers. Includes names, addresses, and telephone numbers of persons in each agency.

A Guide for Non-Profit Institutions. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. $1.30.

This brochure is intended for use by nonprofit institutions other than educational institutions, hospitals, and state and local government agencies.

Guide to Seeking Funds from CETA. Women's Bureau, Employment Standards Administration, Department of Labor, Washington, D.C. 20210. (Include a self-addressed mailing label.) Free.

This booklet is published as an aid to individuals and women's organizations seeking Comprehensive Employment and Training Act (CETA) funds. The guide assumes a knowledge of CETA and its different programs.

Handbook of Special Events for Nonprofit Organizations: Tested Ideas for Fund Raising and Public Relations. By Edwin R. Leibert and Bernice E. Sheldon, NTL/Learning Resources Corp., 7594 Eads Ave., La Jolla, CA 92037. 224 pp. $15.00.

This booklet helps volunteers learn the steps and strategies of organizing a successful fundraising event. It also aids staff members in getting the most out of volunteer work and enhances the public relations expert's ability to stage a special event. The publication includes many stimulating ideas, checklists, case studies, and sample materials for the well-organized staff and volunteers.

Help: A Directory of Service for Non-Profit Organizations. The Youth Project, 149 Ninth St., San Francisco, CA 94103. $3.50.

This publication is a guide for volunteers working with nonprofit organizations who need help with fund-raising, legal problems, management procedures, etc. The guide also lists 436 sources of technical assistance, all experienced in working with nonprofit organizations. Each entry describes the services offered and indicated cost.

How to Obtain Funding from Local Government. Tips on encouraging local governments to support projects. 1-10 copies, 75¢ each.

Information Statement for Applicants and Grantees — Model Projects on Aging. Division of Research Applications and Demonstration, Administration on Aging, 400 - 6th St., SW, Washington, D.C. 20201. (DHEW publication No. OHD 76-209501, 2 and 3).

The report focuses primarily on direct subsidy programs, though some programs that provide funding for the service projects of community agencies are described.

Making Title XX Work — A Guide to Funding Social Services for Older People. By Frina B. Melemed. National Council on Aging, 1828 L St., NW, Washington, D.C. 20036. 1976. 54 pp., including a 23-page appendix of charts and tables. (Price not available.)

This well-written booklet discusses the basic issue of increasing the availability of social services to older people. It offers information to individuals and organizations committed to expanding services to the elderly.

A National Guide to Government and Foundation Funding Sources in the Field of Aging. Lilly Cohen and Marie Oppedisan-Reich (Eds.). Adelphi University Press, Adelphi University, Garden City, NY 11540. 175 pp.

This publication is used as a reference for planners and fund-seekers in aging. Comprehensive information on more than 85 federal funding programs by category. Federal, regional and local contacts are included; 125 national, regional, and local foundations and a record of 500 grants awarded from 1972 to 1976 are all described in this booklet.

Program Planning and Proposal Writing. Information on assessing needs and formulating objectives for a proposal. 1-10 copies, 75¢ each.

Researching Foundations: How to Identify Those That May Support Your Organization. Grantsmanship Center News Reprints, 1015 West Olympic Blvd., Los Angeles, CA 90015. 1-10 copies, $1.25 each.

This booklet tells how to use the Foundation Directory, Foundation Grants index and Foundation Center's Regional Collection.

Sponsored Fund Administration: A Bibliography. By Clara Robert. Research Foundation of State University of New York, P.O. Box 9, Albany, NY 12201. 18 pp. (Price not available.)

This publication cites reference materials on proposal writing and the administration of sponsored funds designed to aid the academic community and also contains a list of books, articles, pamphlets, and audiovisual materials for academic, federal, and private foundation grantees.

Writing Help. WPI, 17 Myrtle Dr., Great Neck, NY 11021.

Writers in the Public Interest (WPI) is a newly formed organization that helps groups find writers who will volunteer their talent to a cause. The publication is a national directory compiled by WPI that provides names of writers in such fields as ecology, civil liberties, the women's movement, and the welfare of children and the aged.

The graduate student seeking monies for research may find assistance from the following sources:

Fellowship Program, Gerontological Society, One Dupont Circle, Suite 520, Washington, D.C. 20036.

Dissertation Program, Administration on Aging, Rm. 4640, 330 Independence Ave., SW, Washington, D.C. 20201.